

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000274914 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

bill@activatemyli cense.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAYES HEATING & AIR CONDITIONING, LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 1 9 2017 (((H170002749143)))

Fax: (813) 932-5244

To:

Fax: (850) 617-8383

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## **COVER LÈTTER**

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TO:	Registration Section Division of Corpo		: (850)617-6383		
	•		<u>a</u> .*		
SUBJE	CT: HAYES H	EATING & AIR CONDI			
		Name of Limite	ed Liability Company		
		•			
The end	losed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please r	eturn all correspond	ence concerning this matter to	the following:		
			-		
		DUL MOORE			
		BILL MOORE	Name of Person	<del></del>	
		CONTRACTORS RE	PORTING SERVICE INC		
			Firm/Company		
		40700 111700 0111	41.00		
		13795 N NEBRASKA	Address		
			Vinita		
		TAMPA, FL 33613	34 1		
		1	City/State and Zip Code	<del></del>	
info@activatemylicense.com					
		E-mail address: (to	be used for future annual report notificat	ion)	
For furt	her information con	cerning this matter, please cal	1:		
BILL	MOORE		at ( 813 ) 932-5244  Area Code Daytime Te		
	Name of P	erson	Area Code Daytime Te	lephone Number	
Enclosed is a check for the following amount:					
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifto: Building 2661 Executive Center Circle Tallahassee, FL 32301 Fax: (813) 932-5244

Fax: (850) 817-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H17000274914 3)))

HAYES HEATING & AIR CONDITIONING (Name of the Limited Liability Compar (A Florida Limited L	3, LLC  y as it now appears on our records.)	
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>3/7/2014</u>	and assigned
Florida document number L14000038379		
This amendment is submitted to amend the following:	្នា ដូរៈ …	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words 'Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· :N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		) * 1
B. If amending the registered agent and/or registered off	Sea address on our records onto	or the name of the nov
registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
	1 <u>.</u>	<b>3</b>
New Registered Office Address:	Enter Florida street address	
•	Florida	
	City	Zip Code
No. 20 and a second of the state of the state of Assessment Control of the state of		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = M	lanager	•	
$\Delta MBR = A$	athorized Member		(((H17000274914 3)))
<u> </u>	<u>Name</u>	Address	Type of Action
AMBR	CURTIS R TUCKER	14911 GLASGOW CT	Add
		TAMPA, FL 33624	Remove
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From: Bill Moore  D. If amen	Fax: (813) 932-5244 ading any other informa	To: tion, enter change(s) here		Page 5 of 5 10/18/20 sheets, if necessary.)	17 3:34 PM
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(The effec	re date, if other than the tive date must be specific, cann this document is filed by the Fl	ot be prior to date of receipt or f	iled date and cannot be mo	(optional) re than 90 days after	
Dated <u>(</u>	OCTOBER 17	<u>, 2017</u>			
		28×	-5 //2	<del></del>	
		Signature of a member or auth-	onzed representative of a	member	<del></del>
	ROBERT S HAYE		ed name of signee	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00