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### **COVER LETTER**

Registration Section

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## Division of Corporations Better Air Conditioning, LLC BJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Chad Kelly Name of Person Better Air Conditioning and Construction, LLC Firm/Company 116 SE 34th Terr Address Homestead, Fl 33033 City/State and Zip Code orlandothompson@bellsouth.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 205-4966 rlando B Thompson Sr Daytime Telephone Number Name of Person iclosed is a check for the following amount: ☐ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Better Air Conditioning, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) rida document number \_\_L14000067146 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: tter Air Conditioning and Construction, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

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