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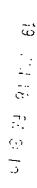
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

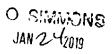
Office Use Only



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O:	Regi Divi	stration Sect sion of Corp	ion orations		<del>-</del>
		smart choice	plumbing and air conditioning	g LLC	
SUBJ	ECT:		Name of Limi	ted Liability Company	
			Amendment and fee(s) are sub- ndence concerning this matter	•	
			Jerry Dickinson		
			smart choice plumbing and	Name of Person air conditioning	
			12510 teakwood court	Firm/Company .	<del></del>
			wellington florida 33414	Address	·
			smartchoiceplumbingandace	City/State and Zip Code @gmail.com	
	r	information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notifull:	ication)
	7	nson		561 255 5062 at () Area Code Daytime	
		Name o	f Person	Area Code Daytimo	: Telephone Number
		heck for th	ne following amount:		
		g Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

### AILING ADDRESS:

istration Section sion of Corporations Box 6327 hassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart choice plumbing and air conditioning		
(A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	•
The Articles of Organization for this Limited Liability (	Company were filed on 2/02/2016	and assigned
Florida document number L14000110152	<u></u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	5
he new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>-</del>	
Principal office address MUST BE A STREET ADD	(RESS)	
		<del></del> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	•	enter the name of th
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	City	Zip Code

#### 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Zurina Garcia		
		12510 Teakwood court	
		Wellington Fl 33414	Remove
			☐ Change
			∷ □ Rêmove
			Change
			☐ Remove
			Change
			Remove
			Change
		<del></del>	
		□ Remove	
	,		Change
			Add
			☐ Remove
			Change

	<b>2</b> 7 H7
•	Ö
	<u> </u>
	5
	<del></del>
1/15/2019 ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more the effective date inserted in this block does not meet the applicable statutory filing requiment's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	at 12:01 a.m. on the earlier o
$ad \frac{1/15/2019}{3AN 15} . 2049$	
Signature of a member or authorized representative of a n	

Page 3 of 3

Filing Fee: \$25.00