# L14000152048

(Re	questor's Name)	
, (Ad	dress)	
( <b>A</b> d	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000267469170

01/13/15--01029--005 \*\*30.00

2015 FEB 1-6 A 10: 3:

B. BOSTICK

FEB 17 2015

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PTAC Solution 2, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Hoffa
PTAC Solutionz, LLC Firm/Company
17633 Gunn Highway, Ste 244
6 dossa CI 3265/2
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Hoffd  Name of Person  at (813), 516 - 6073  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTAC Solutionz (Name of the Limited Liability Company (A Florida Limited Liab	2 Limited La as it now appears on our record onlity Company)	bility Company
The Articles of Organization for this Limited Liability Company we Florida document number 14000 132048.	ere filed on <u>8-22-7</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and end with the words "Limited Liability  Enter new principal offices address, if applicable:	Liability Com	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	same	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	_	s, enter the name of the new
Name of New Registered Agent:	ame	
New Registered Office Address:	Enter Florida street addres	īs s
	City , Flo	orida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			□ Add	
			☐ Remove	
		-		
		•	□ Add	
			Remove	
		-		
			Add Remove	
			Remove D Add	
			Add	
			Remove	
		<del></del>	<del> </del>	
			□ Add	
			Remove	
			□ Remove	

, II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· —	<del></del>
_	
_	
- . Effecti	ve date, if other than the date of filing:(optional)
	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	1-5-15
	Hat I Holla
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 16 A 10



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2015

ROBERT HOFFA 17633 GUNN HIGHWAY SUITE 244 ODESSA, FL 33556

SUBJECT: PTAC SOLUTIONZ, LLC

Ref. Number: L14000132048

We have received your document for PTAC SOLUTIONZ, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 315A00001560