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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: VERE ROONS MECHANICIAL 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:
Michael Patriam!  Name of Person  Venz Round Meddanicial //C
Firm/Company
3302 GAliler Rd Address
Too F 30207  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)  To the Formula address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  TOE A COATES  at (904) 762-37480  Name of Person  Area Code  Daytime Telephone Number  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

YEAR Kound M	ECHANICH	al LLC	<del>-</del> ,		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on lability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	eu 17 dor	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:	·			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	ation "LLC" or the abbrev	viation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		Z <sub>1</sub> , N			
(Mailing address MAY BE A POST OFFICE BOX)		ECF LA			
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		SEE -3			
B. If amending the registered agent and/or registered of	fice address on ou	r records, enter the	e came of the new		
registered agent and/or the new registered office address here		- 9 - 9 - 9 - 9 - 9	D		
		UP DA			
Name of New Registered Agent:					
New Registered Office Address:	,				
	Enter Florida street address				
· · · · · · · · · · · · · · · · · · ·		, Florida			
	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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
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<u>- Mark</u>	Sign	nature of a m	ember or autho	orized representa	tive of a mem	oer		

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Filing Fee: \$25.00