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SECRETARY OF STATE

## **COVER LETTER**

	gistration S vision of Co				
SUBJECT:	Moore's H	eating and Air Conditioning L	LC		
SUBJECT.	· · · ·	Name of Lir	nited Liability Company	3	
The enclosed	d Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspo	ondence concerning this matte	r to the following:		
		Lisa A Moore			
			Name of Person		
		Moore's Heating and Air	Conditioning LLC		
			Firm/Company		
		354 Sweet Mango Try		SECT	2024 MAY 25
			Address		
		St. Augustine, Florida 32	086	HAY C	٠.,
		mylexis@comcast.net	City/State and Zip Code	E STA	MII: 45
For further in	oformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification) (3	i on
Lisa A Moor			904 669-6166 at ( )		
· · · · ·	Name o	f Person	<del></del>	me Telephone Number	~
Enclosed is a	check for th	ne following amount:			
<b>≅ \$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &
Reg	ling Address istration S		Street Address: Registration Se		
	. Box 632		Division of Co The Centre of		
Tall	ahassee, F	L 32314		e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moore's Heating and Air Conditioning LLC.		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records ited Liability Company)	.)
he Articles of Organization for this Limited Liability Composite document number 1.14000192574.	pany were filed on 12/18/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	S)	
		202
	·	18 1
nter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX)		54 - 11
		高 = 0
		TE 5
If amending the registered agent and/or registered off gent and/or the new registered office address here:	lice address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		**
New Registered Office Address:		
	Enter Florida street address	, <u></u>
	, Flor	
	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>	Address	Type of Action
AMBR	James Kevin Thomas	4650 Carter Road St. Augustine, FL 32086	■Add
			□ Remove
			□Change
		·	□Add
			□Remove
			□Change
		TALLAH	2 Remove
			C. A. Change
			🗀 Add
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n effective date is listed, the date m ote: If the date inserted in this						
cument's effective date on the	Department of State's records	<b>5.</b>				
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ecord specifies a delayed effect is filed.	ve date, but not an effective t	time, at ±2:01 a.m. on	the earlier of:	(в) тле	90th day	aner in
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May 21	. 2024	·				
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1 / / /	Signature of a member or auth					