

L15000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

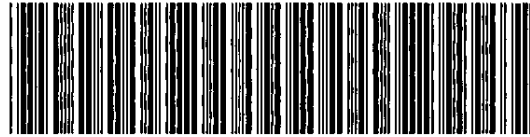
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500273322335

05/28/15--01011--020 **25.00

FILED
15 MAY 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida's A/C Solution 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:

Karen Saucedo

Name of Person

Firm/Company

1335 Bennett Dr Unit 149

Address

Longwood, FL 32750

City/State and Zip Code

karen@myacsolution.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Saucedo

407 4637888

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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**

Florida's A/C Solution LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/02/2015 and assigned
Florida document number L15000000397.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6601 Memorial Hwy Suite 105

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33615

Enter new mailing address, if applicable:

6601 Memorial Hwy Suite 105

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33615

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

6601 Memorial Hwy Suite 105

Enter Florida street address

Tampa

City

Florida 33615

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

FILED
MAY 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
AMBR	Arnold Delgado	6601 Memorial Hwy Suite 105	<input type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
		(Change Address)	<input checked="" type="checkbox"/> Change
AMBR	Oscar Saucedo	958 Highpoint Loop	<input type="checkbox"/> Add
		Longwood, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAY 18 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

FILED
15 MAY 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA