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COVER LETTER

Division of Corporations
SUBJECT: Power Air Conditioning & Hesting LLC Name of Limited Liability Company
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:
Elliot Goldsmith
Name of Person
Power Air Looling & Heating
Jirm/Company
901 NE 172 Street Address
Address
North Migmi Beach, FL 32162 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ellier Goldsmith at (305) 761 0023 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secrificate of Status Secretified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

18 NOV 15 AH 7:20

Control of the co

Power Air Condition	ing & Hecting LLC isolity Company as it now appears on our records.)	MARIE TORING
(<u>Name of the Limited I</u> (A F	iability Company is it now appears on our records.) lorida Limited Liability Company)	TORIDA
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number <u>L 15000031444</u>	<u>/ </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Power Air Cooling & Heating The new name must be distinguishable and contain the words	llc_	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		
D. If amonding the positioned areast and/	musicatured 65	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	iter the name of the ne
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
_	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being addedor removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member	Address FLORIDA FILED 18 NOV 15 AH 7: 20 Address FLORIDA	
<u>Title</u>	<u>Name</u>	Address SELANDS SEE FLORISA	Type of Action
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f an effective date is listed, the Note: If the date inserted	in this block does not	meet the applicable st	atutory filing requireme	ays after filing.) Pursuant to ints, this date will not be	6 605.0207 Flisted as
locument's effective date	on the Department of	'State's records.			
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e record specifies a The 90th day after	the record is filed	date, but not an 1.	eπective time, at 1	2:01 a.m. on the e	arlier of
Dated Novemb	e 8	2018			
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	MIC	- Ollar	epresentative of a member		_
	Signature of	a member of addiorized t	epresentative or a member		
	His	Glasnith Typed or printed name			
		Typed or printed nam	e of signee		-

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Filing Fee: \$25.00