

L15000046838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 02 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

WILLIAM B. SCOVILL, ESQ.
BART SCOVILL, PLC
5104 N. LOCKWOOD RIDGE RD, STE 102
SARASOTA, FL 34234

SUBJECT: INDEPENDENT A/C FILTER SERVICE LLC
Ref. Number: L15000066838

We have received your document for INDEPENDENT A/C FILTER SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 315A00010693

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 JUN - 1 AM 9:10

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

WILLIAM B. SCOVILL, ESQ.
BART SCOVILL, PLC
5104 N. LOCKWOOD RIDGE RD, STE 102
SARASOTA, FL 34234

SUBJECT: INDEPENDENT A/C FILTER SERVICE LLC
Ref. Number: L15000066838

RECEIVED
15 JUN - 1 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE-FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDEPENDENT A/C FILTER SERVICE 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:

William B. Scovill, Esq.

Name of Person

Bart Scovill, PLC

Firm/Company

5104 N. Lockwood Ridge Road, Suite 102

Address

Sarasota, FL 34234

City/State and Zip Code

erwineller@acglobalpm.com

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

For further information concerning this matter, please call:

William B. Scovill, Esq.

at (941) 365-2253

Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INDEPENDENT A/C FILTER SERVICE 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 04/16/2015 and assigned
Florida document number L15000066838.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ERWIN ELLER

New Registered Office Address:

4129 PELICAN BLVD.

Enter Florida street address

CAPE CORAL

City

Florida

33914

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------------|----------------------|--|
| MGR | Division of Independent A/C LLC | 4535 Del Prado Blvd. | <input type="checkbox"/> Add |
| | | Cape Coral, FL 33904 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Bernd Stiller Sr. | 108 SE 39th Ter. | <input checked="" type="checkbox"/> Add |
| | | Cape Coral, FL 33904 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 19th April, 2015

Erwin Eller

ELLER ERWIN
Typed or printed name of signee

201 JUN -1 AM 9:10
SECRETARY OF STATE
ITALY AMEMBASSY FLORIDA

of: 



