# L1500069888

(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



600287334386

07/21/16--01021--018 \*\*25.00

TILED 108 M 21 P E: 23

> S Warren JUL 2 2 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FROSTY'S Heating I Cooling Services, 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:
MAUREEN WILSON Name of Person
Frosty's Heating + Cooling Services LLC
123 Poplan DR Address
Interlachen FL 32148  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
M Aureau Wilson at (386) 350 0347  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Comme (A Florida Limited	pany as it now appears of our records.)  Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L/500069888</u> .	y were filed on $\frac{4/21/2015}{4/6/2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	1
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Remain the same
maning united mail DE ATOST OF FILE BOX	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
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 agent provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is

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 Name Type of Action **Address** 123 Paplar Drive Interlachen, FZ 32148 CLIFFORD OWEN □ Add HousCH ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change Car Jacob U ☐ Change

						•	
·		<del></del>					<del>.,,,</del>
<u></u>	<del></del>	<u> </u>				<u> </u>	<del></del>
	I M	LAURP	en 17.7	son, at	123 7	Poela e	Dei
Inte	e lache	n Fl	3214	8 AM	to h	o +h	0
anle	DOD	Con	Steel	n my	0000	Os VII has	
-FROST	12 E	$a_0 + \frac{1}{2}$	DICA C	ling Str	1'acc	unig)	
TROSI	43 6		000069		vices,	1100	· <del></del> -
<u> </u>	ment.	4 670	0000	000			
71	.00.68				······································		. ,
	ease	,	1010				<del></del>
		CH	FFORD	ONEN	Hou	SCH.	···
			<del></del>				
		<u> </u>			- <u></u>		
		<del></del>				····	· ·
		···		<u></u>			<u>-</u>
	,						
				date of filing or more	than 90 days aft	t <b>ional)</b> er filing.) Pursu	ant to 605.02
effective date is list				e statutory filing re	equirements, th	nis date will no	ot be listed
effective date is list e: If the date ins	date on the De						
effective date is list e: If the date ins	date on the De						
effective date is list e: If the date insument's effective record specifie	es a delayed			an effective tim	e, at 12:01	a.m. on th	e earlier
effective date is list e: If the date insument's effective record specifie	es a delayed			an effective tim	e, at 12:01	a.m. on th	e earlier
effective date is list e: If the date insument's effective record specifie he 90th day a	es a delayed			an effective tim	e, at 12:01		e earlier
effective date is list e: If the date insument's effective record specifie he 90th day a	es a delayed fter the reco	ord is filed.	,	Mar c	D]∧e?	a.m. on th	e earlier
te: If the date insument's effective	es a delayed fter the reco	ord is filed.		an effective time	D]∧e?		لمث

Page 3 of 3

Filing Fee: \$25.00