

LF000098585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

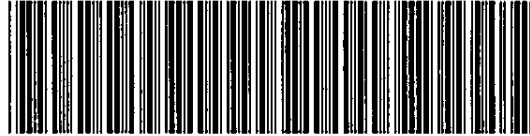
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2015

CLYDE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arctic Air HVAC
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:

Philip Arthy
Name of Person

Firm/Company

3514 SW Armellini Ave Ofc
Address

Palm City FL 34990
City/State and Zip Code

GLENSCOVE@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Arthy at (772) 287-4519
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

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SECRETARY OF STATE

Arctic Air HVAC "LLC"

N/A

N/A

N/A

 $N(A)$

Enter Florida street address

Page 1 of 3

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	Philip G Athy	3514 SW Armellini Ave Ofc	<input type="checkbox"/> Add
Change from 'AR'		Palm City FL 34990	<input type="checkbox"/> Remove
		Change from "AR" to "AMBR"	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I CANNOT OPEN A BANK ACCOUNT FOR
MY BUSINESS IF ~~my~~ TITLE IS 'AR'.
I AM CHANGING IT TO 'AMBR'

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

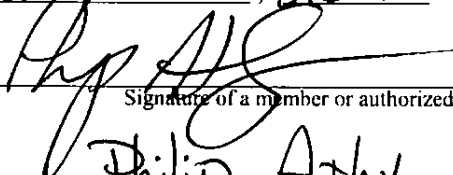
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/3/2015, 2015


Philip Athy

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TREASURY RECORDS