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(((H210004391423)))



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	Division of Com	porations : (850)617-6383
		. (0507017 0505
From:		
	Account Name	: LICENSES ETC INC
	Account Number	: 120070000159
	Phone	: (239)777-1028
	Fax Number	: (877)275-3593
	sha anadi adalara	. for this business artitle to be used for future
		s for this business entity to be used for future ngs. Enter only one email address please.**

Email Address: _____SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORIA'S MECHANICAL SERVICES, LLC

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COVER LETTER

(((H21000439142 3)))

TO: Registration Section Division of Corporations

DORIA'S MECHANICAL SERVICES, LLC

SUBJECT:

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:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

27911 CROWN LAKE BLVD., SUITE #211

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is eaclosed)

MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>StreetAddress:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000439142 3)))

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	······
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000107367</u> .	y were filed on <u>06/19/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
DORIA'S COMFORT SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
(Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		

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:

	City	Z Colle	сл СЛ	
	Florida	13 13	5	
	Enter Florida street address		AM	Ð
New Registered Office Address:			—	Ē
<u> </u>	······································	-SS	1	<u>[1</u>
Name of New Registered Agent:		(AC)	Æ	
		Ęġ	121	

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

(((H21000439142 3))) If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	SEAN O'NEILL	4430 GOLDEN GATE BLVD	🗆 Add
		NAPLES, FL 34120	Remove
			🗆 Change
AMBR	TORI BILLS	4430 GOLDEN GATE BLVD	Add 🗐
		NAPLES, FL 34120	
			🗆 Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			🗍 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change

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

ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of i	

	····

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 NOVEMBER 30	2021	TAIS:	2112	
	j-0_		DEC	
	Signature of a member or authorized representative of a member		<u>'</u>	
DANIEL DORIA			-	0
	Typed or printed name of signce		D: 56	