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COVER LETTER

TO: Registration S Division of Co				
GLOCK H	EATING AND AIR CONDITI	ONING SERVICES LLC		
SCDJEC1:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	FREDERICK H GLOCK			
		Name of Person		
	GLOCK HEATING AND	AIR CONDITIONING LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1244 NEW YORK AVEN	UE		
		Address	 	
	DUNEDIN FL 34698			
		City/State and Zip Code	······································	
	GLOCKAC@YAHOO.CO			
	E-mail address; (to be used for future annual report not	fication)	
For further information of	concerning this matter, please c	all;		
FREDERICK II GLOCI	K	727 423-2237		
Name o	if Person	at ()	ne Telephone Number	
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee,	LT 07014	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

GLOCK HEATING AND AIR CONDITIONING SE	RVICES LLC	20 JA 20 Ja
(Name of the Limited Liability Compa (A Florda Limited	iny as it now appears on our records.) Liability Company)	N 24
The Articles of Organization for this Limited Liability Company Florida document numberL15000107480 This amendment is submitted to amend the following:	were filed on 06/19/2015	SECTION SEASON
A. If amending name, enter the new name of the limited liab	ility company here:	
GLOCK RESIDENTIAL SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1244 NEW YORK AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	DUNEDIN FL 34698	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a		
agent and/or the new registered office address here:	address on our records, enter the B	iame or the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sirvet address	
<u> </u>	, Florida	6 <u></u>
	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, 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>	Address	Type of Action
MGR	NIKKI BLANTON	1244 NEW YORK AVENUE	
		DUNEDIN FL 34698	
			□Remove
			□Change
			□Remove
			□ Change
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Tectiv	e date, if other than the date of filing:
m effe <u>ote:</u> - l	ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
ecord is file	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 d.
ited_	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	FREDERICK HIGLOCK
	Typed or printed name of signee

Filing Fee: \$25.00