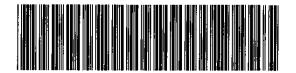
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ME COMMENT OUT 22 2415

COVER LETTER

	egistration Sec Division of Corp				
CHD IEC		General Repairs, LLC			
SUBJECT	Name of Limited Liability Company				
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspor	dence concerning this matter	to the following:		
		Gretchen G. Molina			
			Name of Person		
		EMJ A/C & General Repa	irs, LLC		
			Firm/Company		
		2806 Lion Heart Rd			
			Address	······································	
		Winter Park, FL 32792			
			City/State and Zip Code		
		gretchengmolina@gmail.co			
		E-mail address: (to be used for future annual report notific	ration)	
For further	r information co	ncerning this matter, please ca	all:		
Gretchen	G. Molina		407 810-7130 at ()		
	Name of	Person	Area Code Daytime	l'elephone Number	
Enclosed i	s a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED. 2015 OCT 21 AH 10: 11

EMJ A/C & General Repairs 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 I		0/6/2015	and assigned
Florida document number L15000169677	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company ho	ere:	
EMJ A/C & General Repairs, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address on		nter the name of the new
Name of New Registered Agent:	Gretchen G. Molina		
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florid:	a
	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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	POLANCO, MICHAEL E	7739 Harbor Lake Dr, Orlando, FL	■ Add
			□ Remove
			Change
AMBR	NIEVES-SANTOS, JESUS	2806 Lion Heart Rd, Winter Park, I	
			☐ Remove
		<u> </u>	■ Change
AMBR	MOLINA, ELVIS R	2806 Lion Heart Rd, Winter Park, I	□ Add
			□ Remove
			■ Change
AMBR	MOLINA, GRETCHEN G	2806 Lion Heart Rd, Winter Park, I	
			Remove
			☐ Change
			Remove
			Change
	-		Add
			Remove
			Change

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Effec	tive date, if other than the date of filing: (optional)	
lf an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	rsuant to 605.0207 (3
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	not be listed as th
	noin a creenite date on the Department of State a records.	
e re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a 90th day after the record is filed.	the earlier of:
,,,	5 John day after the record is med.	
.		
Date	l	
	Signature of a member or authorized representative of a member	
	Mitten Il Malia	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00