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	(Requestor's Name)	
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	Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
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2015 NOV 12 P 4: 12 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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# **COVER LETTER**

Division of Co					
C and S F SUBJECT:	Heating and Cooling, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Sarah Chambliss-Parrish				
		Name of Person			
	<del></del>	Firm/Company			
	35495 Singletary Road				
		Address			
	Myakka City, FL 34251				
		City/State and Zip Code		至。 🖀	
	schambli@tampabay.rr.com			2015 NOV	-17
For further information	concerning this matter, please c	to be used for future annual report notificall:	ation)	<b>袋袋 一</b>	77100
Sarah Chambliss-Parris	sh	941 713-5310 at ( )		E - P	
	of Person		Telephone Number	H: 12 BIATE ORIOA	
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)	Certified (	e of Status &	

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

C and S Heating and Cooling, LLC			
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		-
The Articles of Organization for this Limited Liability	Company were filed on 10/27/15	and	assigned
Florida document number L15000182847			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
C & S Heating and Cooling, LLC			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	r the abbreviation	"L.L,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
•			
			CANCOR.
B. If amending the registered agent and/or regi	stered office address on our records.	enterethe nan	e of the nev
registered agent and/or the new registered office add		m <sub>ee</sub>	
		T (7)	
Name of New Registered Agent:		FLORI FLORI	
Hame of New Registered Agent.		<u> </u>	<u> </u>
New Registered Office Address:			·
	Enter Florida street address		
	. Flori	da	
<del></del>	City	Zin Co	de

## 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			Change
<del></del>			Add
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	Joseph E. Rocklein, III, C	PΛ			

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Filing Fee: \$25.00