

L15 000 211 540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700352189847

09/29/20--01036--013 **90.00

S TALL...
NOV 1...

2021 SEP 29 AM 3:48

Handwritten signature

ROBERT KIT KOREY, P. A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorneys and Counselors at Law

Robert Kit Korey, P. A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P. A.
Scott E. Simpson, P. A.
Abraham C. McKinnon
R. Kevin Korey

Granada Oaks Professional Building
595 W. Granada Boulevard, Suite A
Ormond Beach, FL 32174
Telephone (386) 677-3431
Facsimile (386) 673-0748
kit@koreylawpa.com

September 24, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St, Suite 810
Tallahassee, FL 32303

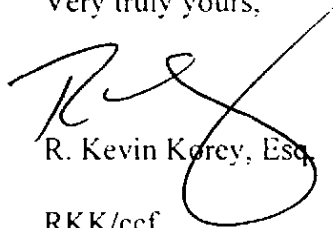
Dear Florida Department of State:

Please find the enclosed documents:

1. Articles of Amendment for Ace Appliance A/C Coating & Service, LLC and our Check Number 15687 in the amount of \$30.00.

Thank you for your assistance in this matter.

Very truly yours,



R. Kevin Korey, Esq.

RKK/ccf

Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Acc Appliance A/C Coating & Service, 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 Liability Company were filed on 12/15/2015 and assigned Florida document number L15000211540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

166 Echo Street

(Principal office address MUST BE A STREET ADDRESS)

Pierson, FL 32180

Enter new mailing address, if applicable:

PO Box 285

(Mailing address MAY BE A POST OFFICE BOX)

Pierson, FL 32180

2020 SEP 29 AM 3:15

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<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.)*

Multiple horizontal lines for amending information.

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 9/26/20

R. Kevin Korry

Signature of a member or authorized representative of a member

R. Kevin Korry

Typed or printed name of signer