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RECEIVED MAY 1 4 2018

DIVISION OF CORPORATION

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## **COVER LETTER**

SUBJECT:	AC Installation, Service & Rep	ited Liability Company	
	Name of Lan	цей главниу Сопрану	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rosanna M Martinez		
		Name of Person	
	L & M HVAC Installation	Service & Repair LLC	
		Firm/Company	
	2480 10th ST N		
		Address	
	Naples FL 34103		
		City/State and Zip Code	<del></del>
	mari_belmar@yahoo.vom		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Rosanna M. Martinez		239 687-9724 at ( )	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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 ADDRESS:

TO:

Registration Section Division of Corporations

> 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

L & M HVAC Installation Service & Repai			
( <u>Name of the Limited Liabi</u> (A Floric	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 01/14/2016	and ass	signed
Florida document number L16000010594	<del></del> ·		
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			0
Principal office address MUST BE A STREET ADD	RESS)		NSE NSE
		AY	오줌
		=	
Enter new mailing address, if applicable:		2	쏦숙
Mailing address MAY BE A POST OFFICE BOX)		<u>,                                    </u>	SS A
Manuag address mai BEATOST OFFICE BOA	<del> </del>	37	8. 8. 9. 1.
			<u> </u>
3. If amending the registered agent and/or regi		nter the name	of the
egistered agent and/or the new registered office add	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUIS R. PAYERO	2480 10TH ST N	
		NAPLES FL 34103	□ Remove
		FROM PRESIDENT TO AMBR	■ Change
AMBR	ROSANNA MARIBEL MARTINE	2480 10TH ST N	
		NAPLES FL 34103	☐ Remove
		FROM VP TO AMBR	☐ Change
			Add
			□ Remove
			Change
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fective date, if other than the effective date is listed, the date in	ne date of filing	:	to date of tiling or	more than 90 days a	ptional) fler filing ) Pursuant	to 605 ()
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record specifies a delay The 90th day after the re		ate, but not	t an effective	time, at 12:0	1 a.m. on the e	earlier
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ted MAY 10	<del></del>	2018		<b>-</b>		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00