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## **COVER LETTER**

Division of Corporations	i		
SUBJECT: The Mack	ey Team Air ( Name of Limited	Conditioning and ILiability Company	Heating LLC
The enclosed Articles of Amendme	ent and fee(s) are submit	ted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
-	Thomas Mar	C Torrone Name of Person	
	e Mackey Tea	M Air Conditioning Firm/Company	and Heating LL C
<u> </u>	0480 Welhor	n Rd Address	
	Ft - Mycl CKH2004 @ / email address: (10)	Circ/State and Zin Code  aol.com  mair Gamail Code  e used for future annual report not	7ification)
For further information concerning	this matter, please call:		
Thomas Marc Torr Name of Person	ore	34 ( <u>339 ) 463</u> at ( <u>339 ) 463</u> Area Code Daytir	- 0487 2 6571 ne Telephone Number
Enclosed is a check for the following	ng amount:		
S25.00 Filing Fee ☐ \$30.		□ \$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

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

OF
FILED
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The Mackey Team Air Cond.	tioning and Heating LLC
(Name of the Limited Liability Compan (A Florida Limited Li	tioning and Heating LLC  vas it now appears on our records.)  ability Company)  AHASSEE FINE
The Articles of Organization for this Limited Liability Company villowida document number <u>L1600014846</u> .	were filed on $1/21/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Eimited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14930 Center Street
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 339US
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- Time
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· — · · · — · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address: 14930	Cantor Strat  Enter Florida street address
.FortM	yers Florida F. 33905 City Zip Code
New Registered Agent's Suparture, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pakeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and ravided for in Chapter 605, F.S. Or, if this document is

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
<u>Co-MG</u> R	Kelly Stoops	10491 Deal Road	BAdd
		N. Ft. Myers, FL 33917	Remove
			Change
CO-MGR Thomas Mars Torrone	Thomas Mara Tomone	14930 Conter Street	
		Tort-Myers FL 33905	□ Remove
			Change
		·	
			□ Remove
			Change
	<del></del>		□· Add.
			□ Remove
			Change
			□ Remove
			Change
<del></del>			□ ∧₫d
			🗆 Remove
			Change

d. IFamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
(If an effer <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	flovember 1st. 2019.
	Signature of a member of authorized representative of a member
	Thomas Marc Torrone Typed or printed name of signee

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Filing Fee: \$25.00