

L16000035135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

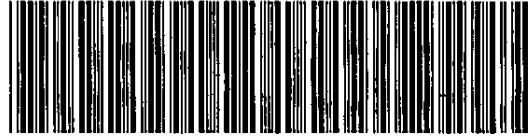
(Business Entity Name)

(Document Number)

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06/01/16--01028--021 **55.00

16 JUN -1 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PURE AIR A/C & HEATING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA GARCIA

Name of Person

Firm/Company

6602 CRESCENT LOOP

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

office@pureairandheating.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA GARCIA

863 221 2291
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$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**

PURE AIR A/C & HEATING 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 02/19/2016 and assigned Florida document number L16000035135.

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:

(Principal office address MUST BE A STREET ADDRESS)

6602 CRESCENT LOOP

WINTER HAVEN, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6602 CRESCENT LOOP

WINTER HAVEN, FL 33884

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:

ANA GARCIA

New Registered Office Address:

6602 CRESCENT LOOP

Enter Florida street address

WINTER HAVEN

City

Florida

33884

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>
MGR	RIVERA, WILLIAM	106 BLUE INDIGO CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARCIA, ANA	6602 CRESCENT LOOP	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DRAGUSTINOVIS, MARIO A	5941 PIER PLACE DR.	<input type="checkbox"/> Add
		LAKELAND, FL 33813	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JUN - 1 AM 7:00
5 OFF HALL OF CIA
FALL AN ASSASSINATION

16 JUN - 1 AM 7:02
3000 MAYOR ST
IN AUSTIN, TEXAS

(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)

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 MAY 26 2016

Signature of a member or authorized representative of a member

Ana Garcia
Typed or printed name of signee