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Mario Dragustimovis
863-660-8785
S941 Pier Plan Dr
S941 Pier Plan Dr
12 Mario Dr
12 Mario Dr
12 Mario Dr
13 3813

## **COVER LETTER**

| Division of Corpo            |  |  |   |
|------------------------------|--|--|---|
| SUBJECT: Pyre                |  | Heating LLC<br>red Liability Company   |   |
|                              | Name of Limit                                | ed Elability Compliny  |   |
| The enclosed Articles of A   | mendment and fee(s) are subn                 | nitted for filing.   |   |
| Please return all correspon- | dence concerning this matter t               | o the following:   |   |
|                              | Mario Dra                                    |  |   |
|                              | Pure Air Air                                 | Firm/Company   | LLC   |
|                              | 5941 Pier                                    | Plsce Dr<br>Address  |   |
|                              | kheland 1                                    | = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |   |
|                              | m dregu 242                                  | City/State and Zip Code  man in Com  or Be used for future annual report notific | ication)  |
| For further information co   | ncerning this matter, please ca              | H:   |   |
| Mario Drag                   | ous financis                                 | at (_ <b>863</b> _) _660 - {   | 7785 Telephone Number   |
| 7,41116                      | 7 (180)                                      |  | •   |
| Enclosed is a check for the  | e following amount:                          |  |   |
| \$25.00 Filing Fee           | S30.00 Filing Fee &<br>Certificate of Status | □ \$55 60 Filing Fee & Certified Copy (additional copy is enclosed)              | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 & Hear (Name of the Limited Liability Comp. (A Florida Limited   | pany as it now appears on our records.) (Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Compan<br>Florida document number <u>L16060035/35</u> .   | y were filed on 02/19/2016 and assigned                     |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited lia  M.A. D. Salukions LLC  The new name must be distinguishable and contain the words "Limited Liab |   |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | 5941 Pier Place Dr<br>Jakeland Fl 33813                     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 5941 Pier Place Dr<br>Igheland F1 338/3                     |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  | office address on our records, enter the name of the new    |
| Name of New Registered Agent: Macio   | Oraque tinoris  |
| New Registered Office Address: 5941   | Pier Place De =   |
| _/ske   | City Florida 7.56/2   |
| No. Desirated America Company of abounding Desirated America  | •.  |

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 = Ma<br>AMBR = Au | nager<br>thorized Member |                      |                |
|-----------------------|--------------------------|----------------------|----------------|
| Title                 | Name                     | Address              | Type of Action |
| MGR                   | Manuel Garcia            | 6602 Crescent loop   |                |
|                       |                          | Winter Haven F/ 3388 | Y PRemove      |
|                       |                          |                      | ☐ Change       |
| MGR                   | William Rivera           | 106 Blue Indigo Ct   |                |
|                       |                          | Kissinne Fl 3474     | 3 D'Remove     |
|                       |                          |                      | Change         |
| MGR                   | Britteny Rustenberghe    | 5941 Pier Place De   | D∕∆dd          |
|                       | '                        | Lakeland F1 33813    | Remove         |
|                       |                          |                      | Change         |
|                       |                          |                      | Add            |
|                       |                          |                      | □ Remove       |
|                       |                          |                      | Change         |
|                       |                          |                      | □ Add          |
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| ctive date, if other than the date of filing:  | filling or more than 90 days after filing.) Pursuant to 605. |
| e: If the date inserted in this block does not meet the applicable stat ament's effective date on the Department of State's records. | utory filing requirements, this date will not be liste       |
| •  |  |
| ecord specifies a delayed effective date, but not an ef  | fective time, at 12:01 a.m. on the earlie                    |
| ne 90th day after the record is filed.   |  |
| ed 7/6/17  |  |
| Mario Signature of a member or authorized rep  |  |
|  |  |

Page 3 of 3

Filing Fee: \$25.00