## 1/6000044982

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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K.SALY EXAMINER MAR 28

## **COVER LETTER**

Div:	ision of Corp					
SUBJECT:	Comfort Air	Solutuions LLC	( Name Com	rection)		
Name of Limited Liability Company					<del></del>	
		mendment and fed		_		
		Alfredo Buitrag	go Jr			
				Name of Person	······································	<del>*************************************</del>
		Comfort Air So	olutions LLC.			
			···	Firm/Company		<del></del>
		80 NE 48th Co	urt			
				Address		<del></del>
		OaklandPark, F	FL 33334			
			(	City/State and Zip Code		
		Comfortairsoluti	~~	.com e used for future annual r	enort natification	. <del></del>
For further in	nformation co	ncerning this matte			opon nonneadony	
Alfredo Bui		Ü	, <b>,</b>	954 605	3-3042	
	Name of	Person		at () Area Code	Daytime Telepho	one Number
Enclosed is a	a check for the	following amoun	ıt:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Certificate of		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Registration Section

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

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Comfort Air Bolutions LLC SOLUTUIONS 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 Con	npany were filed on 3/23/2016	and assigned
Florida document number L16000044982	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Comfort Air Solutions LLC.		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22	······
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address.  Name of New Registered Agent:		ter the name of the new
New Registered Office Address:	Enter Florida street address	<del></del>
	Florida	
<del></del>	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I on the provided for in Chapter 605, F.S.	om familiar with and Or, if this document is

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
Manager	Alfredo Buitrago Jr	80 Ne 48th Court OaklandPark, FL	
			□ Remove
			Change
<del></del>	·		Add
			Remove
		-10-11-11-11-11-11-11-11-11-11-11-11-11-	Change
	<del></del>		
			□ Remove
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4/26/201	16
ective date, if other than the date of filing:	(optional)
	rior to date of filing or more than 90 days after filing.) Pursuant to 60: plicable statutory filing requirements, this date will not be list
cument's effective date on the Department of State's reco	
	not an effective time, at 12:01 a.m. on the earli
he 90th day after the record is filed.	
March 22	
March 22 2016	
ted	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00