Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000380812 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co	porations		
	Fax Number	: (850)617-6383		
from:			,	
	Account Name	: TAX SECRETS INC	251	
	Account Number	: 120110000071	<u> </u>	2)
	Phone	: (561)674-3390	-:,	글
	Fax Number	: (954)607-2559		OH 020
		•		44.
			; ;	ł
**Enter	the email addres	s for this business entity to be used fo	r future	ယ
an	nual report maili	ngs. Enter only one email address please	e. **	4
			_	Ξ
Fm	ail Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BEST HVAC LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

THE CEIVIL AND THE STATE OF THE

Corporate Filing Menu

Help

HZ00003808/Z 3

Articles of Amendment to Organization of

THE BEST HVAC,

A Florida Limited Liability Company L16000068966

The Articles of Organization for this Limited Liability Company were filed on 4/6/2016 and assigned Florida document number L16000068966.

Pursuant to the provisions of section 605.0202, Florida Statutes, this Limited Liability Company adopts the following amendment(s) to its Articles of Organization:

This amendment is submitted to amend the following:

I) ARTICLE V

The members/managers address of the Limited Liability Company shall be:

TITLE: AMBR

THIAGO OLIVEIRA

3050 NE 8TH AVE

POMPANO BEACH, FL 33064

TITLE: MGR

RILEY CARNEIRO

3050 NE 8TH AVE

POMPANO BEACH, FL 33064

TITLE: SECRETARY

LUIS VALLEJO

Signature:

3050 NE 8TH AVE

POMPANO BEACH, FL 33064

Pursuant to the provisions of section 605.0202, Florida Statutes, the effective date of each amendment (s) adoption is $\underline{11/02/2020}$

Date: <u>11/02/2020</u>

THIAGO OLIVEIRA - AMGR

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		SERVICES LLC		
PODJEC	-1	Name of Limit	ited Liability Company	
The encl	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	tum all correspon	dence concerning this matter t	to the following:	
		ZELAYA, BRENDA P		
			Name of Person	
			Finn/Company	
		114 MENDOZA AVE #43		
			Address	
		CORAL GABLES, FL 331	134	
			City/State and Zip Code	
		E-mail address: (1	(to be used for future annual report notification)	
For furth	ner information ec	oncerning this matter, please ea	all:	
ZELAY	'A, BRENDA P		_ at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
∮ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclused) \$50.00 Filing Fee, Certificate of Stan Certified Copy (additional copy is enclused)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	