

L16 000083898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

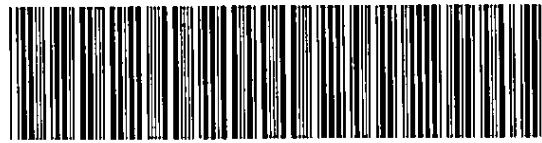
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Natural Air E-Controls, 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:

Ted W. Weeks IV, Esq.

\_\_\_\_\_  
Name of Person

Ted W. Weeks IV, P.A.

\_\_\_\_\_  
Firm/Company

2117 Harden Blvd.

\_\_\_\_\_  
Address

Lakeland, FL 33803

\_\_\_\_\_  
City/State and Zip Code

carson1717@gmail.com

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

For further information concerning this matter, please call:

Ted W. Weeks IV

863  
at ( )  
Area Code

802-5000

Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Natural Air E-Controls, 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 04/28/2016 and assigned Florida document number L16000083898.

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:

209 Frenchman's Creek Way

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven, FL 33884

Enter new mailing address, if applicable:

209 Frenchman's Creek Way

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	Renaissance Worldwide Solutions,	4800 Ben Hill Trail	<input type="checkbox"/> Add
		Lake Wales, FL 33898	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Florida IS Consultant Services, LLC	535 N. Hampton Ave.	<input type="checkbox"/> Add
		Orlando, FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carson Consulting, LLC	209 Frenchman's Creek Way	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Carson HVAC Consulting	864 Golden Bough Rd.	<input type="checkbox"/> Add
		Lake Wales, FL 33898	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natural Air E-Controls, Inc.	209 Frenchman's Creek Way	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90<sup>th</sup> day after the record is filed.

**Dated**

MAY 26

2021

Signature of a member or authorized representative of a member

**William S. Carson, Jr., as President of Natural Air E-Controls, Inc.**

Typed or printed name of signee

**Filing Fee: \$25.00**