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To:

Division of Corporations

Fax Number : (850)617-6383

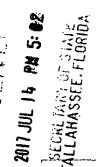
From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HVAC MASTERS FL, LLC



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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: HVAC	C MASTERS FL, LLC  Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are sub		
	JESSICA BROWNII	NG Name of Person	<del> </del>
	CONTRACTORS R	EPORTING SERVICE INC Firm/Company	·
	13795 N NEBRASK	A AVE Address	
	TAMPA, FL 33613	City/State and Zip Code	
	INFO@activatemylic E-mail address: (	ense.com to be used for future annual report notif	fication)
For further informati	on concerning this matter, please c	ali:	
JESSICA BRON	WNING nue of Person	at ( <u>813</u> ) <u>932-5244</u> Area Code Daytime	t e Telephone Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fe	e 🗆 \$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)
M	AILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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To:

Fax: (850) 617-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HVAC MASTERS FL, LLC		
Name of the Limited Lial (A Flor	ollity Company as it now appears on our record ida Limited Liability Company)	<u>(5,)</u>
The Articles of Organization for this Limited Liability	Company were filed on 6/6/2016	and assigned
Florida document number <u>L16000108578</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	Control Limited Liability Company were filed on 6/6/2016 and assigned 108578  It imited Liability Company were filed on 6/6/2016 and assigned 108578  Indicated Liability Company were filed on 6/6/2016 and assigned 108578  Indicated Liability Company here:  Indicated Liability Company here:  Indicated Liability Company," the designation "LLC" or the abbreviation "L.L.C." as, if applicable:  A STREET ADDRESS)  Indicated Liability Company," the designation "LLC" or the abbreviation "L.L.C." as, if applicable:  A STREET ADDRESS)  Indicated Liability Company here:  Indicated	
The new name must be distinguishable and end with the words	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADd	DRESS) ———————	<u> </u>
		7
Enter new mailing address, if applicable:		SS Parine
(Mailing address MAY BE A POST OFFICE BOX)		m <sub>C</sub>
		3
		52 C
		s, enter the name of the new
registered agent and/or the new registered office at	ddress nere:	
N 6No Decisional Access		
Name of New Registered Agent:		
New Registered Office Address:	Supplied the supplied the	
	Enter Florida street addres	3
<u> </u>		orida
	City oar	zip Coae

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

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member <u>Title</u> <u>Name</u> Type of Action **Address** 7(1) MGR **RENE A SANCHEZ** 201 BURGUNDY DR ☐ Add TAVERNIER, FL 33070 - Remove 11440 SW 47TH ST MGR VICTOR J MONZON **■** Add MIAMI, FL 33165 \_□ Remove □ Add □ Remove □ Add

\_ □ Remove

	Fax: (813) 932-5244	To:	Fax; (850) 817-6383	Page 5 of 5 ((H17000	07/14/2017 4:52   185000 3)))	РМ )
If amending a	iny other information	n, enter change(s) here:	(Attach additional sheets,	if necessary.)		
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