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K. SALY NOV 22 2016

JOHN R. SAMAAN, P.A.

ATTORNEY AT LAW

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ORANGE COUNTY 337 N, FERN CREEK AVENUE ORLANDO, FLORIDA 32803 407.740.0500 - 407.893.8151 FAX

SEMINOLE COUNTY 1220 COMMERCE PARK DR., STE. 207 LONGWOOD, FLORIDA 32779 407.740.0500 - 407.893.8151 FAX

November 17, 2016

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Florida 32314

Re: Four Corners Air Conditioning, LLC., document number L16000118522

To Whom it May Concern,

Enclosed please find the Articles Of Amendment to Articles of Organization of Four Corners Air Conditioning, LLC, along with the appropriate filing fees (\$60.00 for Amendment). Please return the Certificate of Status and certified copy to:

James Saunders Four Corners Air Conditioning, LLC 8765 Cherokee Trail Kissimmee, Florida 34747

If you have any questions about the foregoing, please call me at (407) 740-0500.

Sincerely.

John R. Samaan

enclosures

COVER LETTER

	Registration Solvision of Co			
SUBJECT		ers Air Conditioning, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all corresp	ondence concerning this matter	to the following:	
		James Saunders		
			Name of Person	
		Four Corners Air Condition	ning, LLC	
		·	Firm/Company	
		8765 Cherokee Trail		
			Address	
		Kissimmee, Florida 34747		
			City/State and Zip Code	
		jsaunders74@gmail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further	rinformation	concerning this matter, please ca	ıll:	
John R. Sa	amaan		407 740-0500 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for t	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:

TO:

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

ZOIGNOV 21 PM 5: 11

FALLAHASSEE, FLORIDA

Four Corners Air Conditioning, 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 Compan	y were filed on June 6, 201	and assigned
Florida document number L16000118522	·		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: man must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS)		
N/A	ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: nust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: N/A N/A N		
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
			ecords, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street	t address
			, Florida
		City	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>	Address	Type of Action
AMBR	Andres Mejia	8765 Cherokee Trail	■ Add
		Kissimmee, Florida 34747	Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			SECRETARY Address Addr
			SEEF FLORING
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this locument's effective date on the locument's	ust be specific and colock does not me	annot be prior to et the applicab		ore than 90 days aft		
seament's effective date off the	Sebarunent of Sta	ac s records.				
e record specifies a delaye The 90th day after the re	ed effective da cord is filed.	te, but not	an effective t	ime, at 12:01	a.m. on the earlie	r of
November 10	,	2016				
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Filing Fee: \$25.00