5/1/2017

Division of Corporations

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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

<b>Email</b>	Address:		
Emair	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAYLESS HEATING.COOLING, LLC

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Se Division of Cor		<del>căj.</del> .	
SUBJEC	PAYLESS	HEATING.COOLING, L	LC	
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		**************************************	Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		bushmantmd1973@gmai		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	all:	
Cheyenne Moseley		800 773-0888 cx		
	Name of	Person	Areu Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	O Filing Fee	☐ S30.00 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, PL 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

PAYLESS HEATING.COOLING, LLC	•		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now a a Limited Liability Com	appears on our records.) ouny)	
The Articles of Organization for this Limited Liability C Florida document number L16000157643	Company were filed o	on 08/23/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability compa	ny bere:	
AHI REPAIRS, LLC			
The new name must be distinguishable and end with the words "Lin	mited Liability Company	"," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDS	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office addre ress here:	ss on our records, <u>er</u>	ater the name of the new
Nam Pagistavad Office Address			•
New Registered Office Address:	Ent	Enter Florida street address	
	<u>al.</u> .	, Florid	a
	City		aZip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performan gent as provided fo ed office address, 1	ce of my duties, and I r in Chapter 605, F.S.	am familian With and Or, if His dayment is
	If Changing Register	red Agent, <u>Signature of No</u>	ew Registered Agen
	Page 1 of 3		FLOR L

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:

MGR≈ M AMBR= A	anuger uthorized Member	sa¥ .	
Title	<u>Name</u>	Address	Type of Action
- National Association on the State of the S			□ Add
			☐ Remove
			D Add
			☐ Remove
			Add
		dia .	□ Remove
			☐ Remove
<del>9) - 11 - 13 - 14 - 15 - 14 - 15 - 15 - 15 - 15 - 15</del>	:		
			Remove
			HASS
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			FILED  17 HAY - T ME8: 46  SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this decoupon is filed by the Post date.	
Dated 4 -13 Department of State)	
Typene Donnies	
/ Signature of a member or authorized representative of a member	
Tyrone Dennis Typed or printed name of signee	

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

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