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M. MILLIGAN
EXAMINER

SEP - 8

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FALL ARMY
SEP 6 2016

2016 SEP - 6 AM 8:36

FILE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA HOME COMFORT 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:

BILL MOORE

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

BILL MOORE

Name of Person

at (**813**) **932-5244**

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

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

FLORIDA HOME COMFORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2016 SEP -6 AM 8:36
FILED
CLERK OF CIRCUIT COURT
JANUARY 19, 2016
ALLAHBADER

The Articles of Organization for this Limited Liability Company were filed on 08/25/2016 and assigned
Florida document number L16000159989.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GREEN EARTH HOME COMFORT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

MGR = Manager
AMBR = Authorized Member

<u>MGR</u>	<u>MICHELLE SOKOLOFF</u>	<u>8499 S TAMIAMI TR #5</u>	<input checked="" type="checkbox"/> Add
		<u>SARASOTA, FL 34238</u>	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(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 document is filed by the Florida Department of State)

Dated AUGUST 29, 2016


(Signature of a member or authorized representative of a member)

MICHAEL T DIXON

(Typed or printed name of signee)

FILED
2016 SEP - 6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FL 32399