L16 000168394

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	···
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Cor			
Velaire Ser	vices LLC		
SUBJEČT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	indence concerning this matter	<u>-</u>	
	Adam Heinrich		
		Name of Person	
	A.B. Heinrich LLC		
,		Firm/Company	
	1075 Caxambas Drive		
		Address	
	Marco Island, Florida 341	45	
		City/State and Zip Code	
	adam@abheinrich.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Adam Heinrich		239 682-3800 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velaire Services 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	y Company were filed on L160001	68394 and esigned
Florida document number 9/8/2016		PICO H
This amendment is submitted to amend the following	:	SS 4
A. If amending name, enter the new name of the l	imited liability company here:	my A
Coastal Cooling & Electric LLC		5. 8. 8. 8.
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.f.C."
Enter new principal offices address, if applicable:		••
(Principal office address MUST BE A STREET AD	DRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our record: e:	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida stre	et 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
.			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
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		 	□ Remove
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ote: If the date inserted in this to the locument's effective date on the locument.	ust be specific and cannot be prior to date oblock does not meet the applicable sta	of filing or more than 90 days after tutory filing requirements, th	is date will not	t be listed a
is filed.	ve date, but not an effective time, at 1	2.01 a.m. on the earlier or, (o) The som c	iay aner ine
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ted April 22				