# L16000 184467

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| PICK-UP                   | ☐ WAIT            | MAIL      |
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| Certified Copies          | Certificates      | of Status |
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| Special Instructions to F | Filing Officer:   |           |
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Office Use Only



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DIVISION OF CORPORATION

M. MILLIGAN MAY - 2 2018

## Gina Stein, AMBR

680 Stonecrest Ln #2, Cape Coral, FL 33909 | 239-543-2585| backbayAC@gmail.com

May 2, 2018

Michelle Milligan

Department of State Division of Corporations

#### Dear Michelle Milligan:

I recently voluntarily dissolved Back Bay Heating and Cooling, LLC, document number L17000226640. I have no intention of revoking this dissolution. However, I would like to release the name in order to change Back Bay Air Conditioning and Refrigeration, LLC, document number L16000184467, to Back Bay Heating and Cooling, LLC.

If you have any questions please contact me.

Sincerely,

Gina Stein-

### **COVER LETTER**

| TO: Registration S Division of Co |  |   |  |
|-----------------------------------|--|---|--|
| SUBJECT:                          | LOK BOY FIR (                              | CONDITIONING & Renited Liability Company                            | EFEIGBEATION, LUC  |
| The enclosed Articles o           | f Amendment and fee(s) are sub             | omitted for filing.   |  |
| Please return all corresp         | ondence concerning this matter             | to the following:   |  |
|                                   |  | SINA STEIN Name of Person   |  |
|                                   |  | Firm/Company  |  |
|                                   | <u>680 Sto</u>                             | NECREST LW # 2  Address  CORAL, FL 3390  City/State and Zip Code    | . <del>.</del>   |
|                                   | CAPE                                       | CORAL, FL 3390<br>City/State and Zip Code                           | 9  |
|                                   | BACK BAY                                   | YACO GMAIL, COM<br>(to be used for future annual report notif       | ication)   |
| For further information           | concerning this matter, please c           | all:  |  |
| Gina S<br>Name                    | Steen.<br>of Person                        | at ( <u>239</u> ) <u>543 - 2</u><br>Area Code Daytime               | 2585<br>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 ARTICLES OF ORGANIZATION **OF**

| BACK DAY HIE CONDITION  | ING & REF                       | =RIGERATION                 | uc                    |
|---|---------------------------------|-----------------------------|-----------------------|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | ability Company)                | on our records.)            | 2.0                   |
| The Articles of Organization for this Limited Liability Company v   | were filed on                   | 10/4/16                     | and assigned          |
| Florida document number <u>L16000184467</u> .   |                                 |                             | and signification.    |
| This amendment is submitted to amend the following:   |                                 |                             | PH 2                  |
| A. If amending name, enter the new name of the limited liabil   | ity company her                 | <u>:e</u> :                 |                       |
| BACK BAY HEATING AND CODULTHE new name must be distinguishable and contain the words "Limited Liability"                  | NG, LLC<br>ty Company," the des | signation "LLC" or the abb  | reviation "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)                                     |                                 | onecrest Ln                 |                       |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: |                                 | our records, <u>enter t</u> | he name of the nev    |
| Name of New Registered Agent:   |                                 |                             |                       |
| New Registered Office Address:  | Futor Flori                     | la street address           |                       |
|   | Enter Floric                    | ia sireei aaaress           |                       |
| <del></del>   | Citv                            | , Florida                   | Zip Code              |
| New Registered Agent's Signature, if changing Registered Agent:   | <del></del>                     |                             | p =                   |
| hereby accent the appointment as registered agent and agree   | a to act in this a              | anacity I further cor       | ee to comply with the |

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 |
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| ffective date   | an ounce dismin on  | ust be specific and o                            | cannot be prior to date | e of filing or more than 9<br>tatutory filing require | 90 days after filing.) Pu |             |                  |
| an effective dat  | is listed, the date m   | 010411 4040 1101 111                             |                         |   |                           |             |                  |
| an effective dat<br>ote: If the da  | is listed, the date m   |  | ate's records.          |   |                           |             |                  |
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Filing Fee: \$25.00