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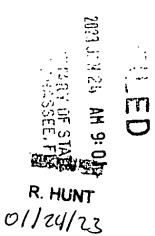
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## **COVER LETTER**

TO: Registration So Division of Cor			
	PPLIERS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	**
	ALEJANDRA I VIOJO		
		Name of Person	
	AVR ACCOUNTING SE	RVICES LLC	%SSS
		Firm/Company	- ST
	6900 TAVISTOCK LAKE	ES BLVD STE 400	FL AIE
		Address	
	ORLANDO FLORIDA 32	2827	
	alejandra@avras.us	City/State and Zip Code	
For further information of			ufication)
ALEJANDRA I VIOJO		407 205-7626	
Name o	Name of Person  AVR ACCOUNTING SERVICES LLC  Firm/Company  6900 TAVISTOCK LAKES BLVD STE 400  Address  ORLANDO FLORIDA 32827  City/State and Zip Code alejandra@avras.us  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  ORA I VIOJO  Name of Person  Area Code  Daytime Telephone Number  S a check for the following amount:  OFiling Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Lailing Address: egistration Section Division of Corporations  Name of Person  Registration Section Division of Corporations		
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
	Corporations	Division of Co	rporations
Tallahassee,,			rananassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 AM SUPPLIERS, LLC				
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		-	
The Articles of Organization for this Limited Liability Co Florida document number L17000001031	ompany were filed on 01/03/2017	and a	assignec	I
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
VALENCIA COOLING AND HEATING, LLC				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation '	"L.L.C."	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRI	ECC		<u> </u>	
Timeipui office uuuress 11031 BE A STREET ADDRI	<u> </u>	1- r-	<u> </u>	<del></del> ;
			<u>~</u>	Parameter Parameter
		50	-	F
Enter new mailing address, if applicable:		<u> </u>	_₹_	<u>\$₽</u>
(Mailing address MAY BE A POST OFFICE BOX)		, Lo	ဏ္	
			0	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the n	iew regi	<u>isterec</u>
Name of New Registered Agent:	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			<del></del>
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Coa	le	

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = N $AMBR = N$	lanager authorized Member		
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