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COVER LETTER

TO:	Registration Se Division of Cor			
	Premier Se	ervice and Duct Cleaning, LLC	•	
SUBJ	ECT:			
		Name of Lin	nited Liability Company	
The er	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Omar Walters		
			Name of Person	
		Elite Air Conditioning &	Construction	
			Firm/Company	
		6660 SW 7th street		
			Address	
		Margate, FL 33068		
		kingo3636@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please c	all:	
	Walters		954 304-7255	
			at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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	v:	Street Address:	
	Registration S		Registration Section	tion
	Division of C		Division of Com	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Service and Duct Cleaning	ng, LLC			
(Name of the Lim	ited Liability Compa	ny as if new app	nearz gu dut record D	
The Articles of Organization for this Limited I Florida document number	Liability Company			and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liah	ility company	here:	
Elite Air Conditioning & Construction, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company, th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office		r records, enter the na	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	-		
New Registered office Address.		Enter l	Florida street address	
	Florida			
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance	of my duties, and I an	n familiar with and

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address 020 MAY 18 PH 5: 20	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add

	2020 HAY 18 PH 5: 20
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May ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020° applicable statutory filing requirements, this date will not be listed as
ument's effective date on the Department of State's re	
cord specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed Mûy /13/2020	
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