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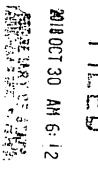
(Re	questor's Name)	.
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	scount Air C Name of Lim	Conditioning 5 ited Liability Company	tore HC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	'
	D13	Scaunt Air Co Firm/Company	nditioning Store
	3640	South 58th	Street
	rachha	mpa FL 3 City/State and Zip Code C 2009 @ hot ma to be used for future annual report notifi	11. com
For further information c	E-mail address: (concerning this matter, please or		fication)
		3 at (<u>813</u>) <u>411 -</u> Area Code Daytime	2424 e Telephone Number
Englosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r Conditioning	3 Store LLC
orida Limited Liability Company)	r records.)
ty Company were filed on	1/11/20/7 and assigned
g:	
limited liability company here:	
"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
DDRESS)	with the state of
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	= 0
	records, enter the name of the new
<u>address here</u> :	
Enter Florida stre	vet address
City	Florida Zip Code
	egistered office address on our address here: Enter Florida street.

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
MG12	Maria Robina	2407 S. 77 th Street	🗆 Add
		2407 S. 77th Street Tampa FL 33615	NRemove
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			Add
			C Remove
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			AMIB OCCUPANT OCCUPAN
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effective date is listed, the	date must be speci	fic and cannot l	be prior to date	of filing or mo	e than 90 days	after filing.) Pursu	ant to 605
e: If the date inserted inment's effective date				attitory minig	requirements.	tins date win in	n oc uso
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Page 3 of 3

Filing Fee: \$25.00