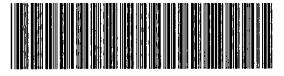
## L17000039175

(Requestor's Name)	_
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT APR 3 2017

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: MET	ria A/C AND H Name of Lim	EATING LLC.	,
SUBJECT. 1700	Name of Lim	ited 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:	
	NATHAN	VAEL MEJIA	
	MESIA A	NARL MEJIA  Name of Person    CAND HEATING, Firm/Company	<u> 4.C ·</u>
		SAVONA BLVD.	
	_	Address  Lucie, FL 349.  City/State and Zip Code	
		City/State and Zip Code  VEYA A YAHOO · COM to be used for future annual report notifi	TALL
For further information of	concerning this matter, please co	all:	CORETARY OF
NATHANAEL Name o	MEJIA of Person	at (772) 361-3 Area Code Daytime	سنو (ت کاونوا
Enclosed is a check for the	he following amount:		<b>.</b>
\$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)
		er en en	
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı
	assee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEJIA A/C AND 1	HEATING, LLC.	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 2/20/2017	and assigned
Florida document number L1900039175	<del>.</del>	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.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 re-		er the name of the new
registered agent and/or the new registered office a	ddress here:	<b>高</b>
Name of New Registered Agent:		30 LED
New Registered Office Address:		TEO TO
	Enter Florida street address	<b>8 8</b>
	, Florida	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 **Address Type of Action** Title Name 2344 SW SAVONA BIVS. PORTST. DOCIE, FL 34953 AMBR NATHANAEL MEJIA □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change CONTO COMPRESSION OF STATE OF DAd& ☐ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

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effecti	date, if other than the date ve date is listed, the date must be s	necific and cannot be prior	to date of filing or more	(optional than 90 days after filin	g.) Pursuant to 605.02
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ument	's effective date on the Depart	ment of State's records.	•		200
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	Sign	ature of a member or author	orized representative of	3 member	127/17
	NATHANAE		•		

Page 3 of 3

Filing Fee: \$25.00