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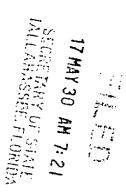
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COVER LETTER

	rision of Cor			
SUBJECT:	Abba,'s Heating & Cooling Services, LLC Name of Limited Liability Company			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Luis E. Massas		
			Name of Person	
		Abba's Heating & Cooling	Services, LLC	
			Firm/Company	
		10652 Lucaya Dr		
			Address	· · · · · · · · · · · · · · · · · · ·
		Tampa, FL 33647		
			City/State and Zip Code	
		abbasheatingandcoolingllc(-	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
Luis E. Mas	sas		813 486-4165 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 F	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 TO ARTICLES OF ORGANIZATION OF

Abba's Heating & Cooling Services, LL		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	The state of the s
The Articles of Organization for this Limited Liabil	ity Company were filed on March 23, 2017	and assigned
Florida document number L17000066815		
This amendment is submitted to amend the following	ık:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		Σ_{α}
B. If amending the registered agent and/or unregistered agent and/or the new registered office		enter the name of the
egistered agent and/or the new registered orace	address nere	
Name of New Projection of America		1888 1888
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	2000年2
	, Flori	
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis E. Massas	10652 Lucaya Dr.	■ Add
		Tampa, FL 33647	□ Remove
			Change
AMBR	Mayra Donate	10652 Lucaya Dr	Add
		Tampa, FL 33647	Remove
			■ Change
			Add
			□ Remove
			Change
		-	
			Remove
			Change
		 	
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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Effective date, if other than t fan effective date is listed, the date is	he date of fili nust be specific a	ng: nd cannot be pri	or to date of fili	ng or more than 90	(optional days after filit	ıl) ng.) Pursu	ant to 6	05.0207
Note: If the date inserted in this document's effective date on the				y filing requiren	ents, this da	te will no	ot be li	sted as t
	,							
ne record specifies a delay The 90th day after the re			not an effec	tive time, at	12:01 a.m	ı. on th	e ear	lier of
Dated May 26		2017	······································	,				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00