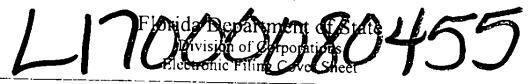
08:03 AM PDT

TO:18506176383 FROM:9166741357

Page:

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001503353)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042 Phone : (941)706-2336 Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERFECTEMP AC LLC

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Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

TO:

Registration Section

TO:18506176383 FROM:9166741357

Page:

COVER LETTER

Division of Co	rporations			
SUBJECT:	PERFE	CTEMP AC LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		RUTH A HAIGH		
		Name of Person		
		PERFECTEMP AC LL	С	
		Firm/Company		
		362 RYAN AVE		
		Address		<u>.</u>
		KEY LARGO, FL 330	37	
		City/State and Zip Code	·	
		LCLEANAIR4U@YAH		
	E-mail address: (to be used for future annual	report notification)	_
For further information	concerning this matter, please c	all:		
F	UTH A HAIGH	305	394-2783	
Name	of Person	at () Area Code	Daytime Telephone Nu	ımber
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Cert	00 Filing Fee, dificate of Status & dified Copy tional copy is enclosed)
MAII	LING ADDRESS:	STREET	C/COURIER ADDRES	: c .

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page:

TO:18506176383 FROM:9166741357

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERFE	CTEMP AC LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	оп our records,)	
The Articles of Organization for this Limited Liability Com	pany were filed on	04/24/2017	and assigned
lorida document number L17000080455			
his amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited</u>	liability company her	<u>re</u> :	. 🗅
he new name must be distinguishable and contain the words "Limited	Liability Company.,, the de-	signation "LLC, or the abb	reviation "L.IC.,
inter new principal offices address, if applicable:			1
Principal office address MUST BE A STREET ADDRES	(2)		,
			`.:
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Maing utures may be A 1051 OFFICE BOX			
			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registere	ed office address on	nur runarde anter t	he name of the ne
egistered agent and/or the new registered office address	here:	our records, enter t	ne name or the ne
Name of New Registered Agent:	RUT	TH A. HAIGH (SQ	ne as before
New Registered Office Address:	362	RYAN AVE	
	Enter Florid	ia street address	
	KEY LARGO	, Florida	33037
	Cuy		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

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06/5/2017	08:03	AM	PD

MGR = Manager

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

AMBR = A	Authorized Member	v	
<u>Title</u>	Name	Address	Type of Action
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			Change
			Add
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Effective da	te, if other than the date of	filing:		(optional)	
If an effective d Note: If the	ite, if other than the date of date is listed, the date must be specif date inserted in this block does	he and cannot be prior to date not meet the applicable s	e of tiling or more than 90 tatutory filing requiren	days after filing.) Pursuar	nt to 605.0207 (be listed as ti
document's a	effective date on the Departmen	it of State's records.	, , ,		
document s c					
		ive date, but not an	effective time, at	12:01 a.m. on the	earlier of:
ne record s	specifies a delayed effectl day after the record is fi	iled.			
ne record s The 90th	day after the record is fi	2017			
ne record s The 90th	day after the record is fi	iled.	,		
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