

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000081144

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(((H17000113059 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: INFO@ACTIVATEMYLICENSE.COM

RECEIVED
2017 APR 25 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIX MY AC HEATING & COOLING SOLUTIONS LLC**

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

APR 26 2017
J. HARRIS
Help

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FIX MY AC HEATING & COOLING SOLUTIONS LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA BROWNING

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA BROWNING

Name of Person

at (813) 932-5244

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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**

((H17000113059 3)))

FIX MY AC HEATING & COOLING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/11/2017 and assigned
Florida document number L17000081144.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COMFORT PRO, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8710 W HILLSBOROUGH AVE #178

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

8710 W HILLSBOROUGH AVE #178

Enter Florida street address

TAMPA

City

Florida 33615

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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	STEVEN A MAINES II	8710 W HILLSBOROUGH AVE #178 TAMPA, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

P	STEVEN A MAINES II	12420 BALLENTAE FOREST DR RIVERVIEW, FL 33579	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TAMPA

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D. If amending any other information, enter change(s) here: *((Attach additional sheets, if necessary.))*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 25, 2017



Signature of a member or authorized representative of a member

STEVEN A MAINES II

Typed or printed name of signer

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Filing Fee: \$25.00

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