L17000 109936

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COVER LETTER

TO:

Registration Section

Div	rision of Corpo	orations			
end tezer.	MARONA A	C & HEATING LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
			YAINES PERDOMO		
			Name of Person	 	
		N	MARONA A/C & HEATING LLC		
	Firm/Company				
			2903 W SAINT CONRAD ST		
		-	Address		
			TAMPA/FL 33607		
			City/State and Zip Code maronaacheating@yahoo.com		
		E-mail address: (t	o be used for future annual report notifica	ation)	
For further i	nformation cor	ncerning this matter, please ca	ill:		
	YAINES F	PERDOMO	813 449-3877		
	Name of I	erson		elephone Number	
Enclosed is	a check for the	following amount:			
□ \$25.00 I	Filing Fee	S30.00 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

FILED

MARONA A/C & HÉATING LLC

(Name of the Limited Liability Company as it now appears on our regards.)
(A Florida Limited Liability Company) 2013 MAR 18 🏳 🗦 18

The Articles of Organization for this Limited Liability Company w Florida document number L17000109936	vere filed on <u>05/17/20</u>	0170FUnE IARY.OF Sandfassigned TALLATIASSEE, FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		records, enter the name of the ne
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida sti	vet address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	v.uy	г ар улас

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> YAINES PERDOMO	Address 2903 W SAINT CONRAD ST	Type of Action
MGR —		TAMPA FL 33607	a Add
			□ Remove
			Change
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			Remove
			☐ Change
			□ Remove
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ctive date, if other than the effective date is listed, the date mu e: If the date inserted in this b iment's effective date on the E	st be specific and can ock does not meet	inot be prior to date of the applicable sta	of filing or more than S		
ecord specifies a delaye ne 90th day after the rec		e, but not an e	ffective time, al	: 12:01 a.m. on th	ne earlier
MARCH 7th	2	019			
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Typed or printed name of signee

Filing Fee: \$25.00