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A. RIVERS

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DECIMA HVAC 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:	
Mr. Luis Michael Fajardo Name of Person	
Decima Avac LLC	
890 SW 80+n Ave unit B	
North Lauderdale FL, 33068  City/State and Zip Code  MIC Faja @ yahoo - com  E-mail address: (to Ne used for future annual report notification)	
For further information concerning this matter, please call:	
Mrs. Esmirna Santiuste Fajardo at (954) 628-2085  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee  \$\times \ \$30.00 Filing Fee  \$\times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decima HVAC LI					
( <u>Name of the Limited I</u>	<mark>Liability Company</mark> Florida Limited Lial	as it now appears on our re- pility Company)	cords.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L1700013 417</u> This amendment is submitted to amend the followi	<u>S</u>	ere filed on <u>Qe 20</u>	2017	and assi	gned
A. If amending name, enter the new name of the Sunny Hard Scape & Land The new name must be distinguishable and contain the words			LLC" or the abbi	eviation "L.1	C."
Enter new principal offices address, if applicable	e:	<del></del>			
(Principal office address MUST BE A STREET A	(DDRESS)				<del></del>
					<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered and/or the new registered office address h	stered office add	iress on our records, <u>en</u>	ter the name	of the new	registero
Name of New Registered Agent:				····	<del></del>
New Registered Office Address:	<del></del>	Enter Florida street ad	dress = \$\frac{1}{2}\$. Florida = \$\frac{1}{2}\$	2023 Hz	
_		City	Florida <u> </u>	Zip Gode	
New Registered Agent's Signature, if changing Regi	istered Agent:		774 A 774 A 2011	. C.;	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	and complete pe red agent as pro istered office ac	rformance of my duties wided for in Chapter 60	, and Lamifa 15, F.S. Or. ไป	mili <mark>ti</mark> r with This:docur	i and ment is
	If Changir	ng Registered Agent, <u>Signatu</u>	re of New Regis	stered Agent	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date i <u>ote:</u> If the date	if other than the is listed, the date must inserted in this bettive date on the 1	ust be specific and block does not r	d cannot be pri meet the app	icable statute	ing or more than ry filing requir	(optiona 00 days after filir ements, this da	<b>l)</b> ig.) Pursuant to 605.0 te will not be listed
record specifies is filed.	a delayed effecti	ve date, but not	t an effective	time, at 12:0	I a.m. on the e	ırlier of: (b) - 'i	The 90th day after t
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ated <u>May</u>	E_	Signature of a	niember ovlan	Thorized repres	entative of a mer	nber	