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# **COVER LETTER**

Registration Section
Division of Corporations

TO:

70 DEGRE SUBJECT:			
NOBICET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS EUGENIO DAVILA	A	
		Name of Person	
	REGAL TAX & BUSINE	SS SOLUTIONS	
		Firm/Company	
	1500 NW 89TH COURT S	STE 106	
	<del></del>	Address	<del></del>
	DORAL, FL 33172		
		City/State and Zip Code	
	INFO@MIS-TAXES.COM		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
LUIS DAVILA		305 6038310 at ( )	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### 70 DEGREES AIR CONDITIONING LLC

company has been notified in writing of this change.

( <u>Name of the Lim</u>	(A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited I		were filed on 07/03/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
70 Degrees Air Conditioning and Mechanical LL			~ 3
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			5
			7
			. 12:
Enter new mailing address, if applicable:		N/A	: ::
(Mailing address MAY BE A POST OFFICE	E BOX)		•
	<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:		address on our records, ent	er the name of the new reg
	N/A		
New Registered Office Address:	IN/A		
New Registered Office Address:	IVA	Enter Florida street add	ress
New Registered Office Address:	N/A		
New Registered Office Address:	<u></u> .		ress Florida <sup>N/A</sup> Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			Change
			□Add
			□Remove
		<del>,</del>	Change
		<del> </del>	□Add
		<del></del>	□Remove
			Change
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			Remove
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			□Remove
			Change
			□Add
		<del> </del>	Remove
			□Change

## Page 2 of 3

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-	
	<del></del>
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	date, if other than the date of filing: N/A (optional)
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	t's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed.
	25/-2/24
ited	05/07/24
	Sun Dâmba
	Signature of a member or authorized representative of a member
	$i \cdot i$

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Filing Fee: \$25.00