Office Use Only



200303576752

09/27/17--01006--002 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DEITRA'S GENERAL MAINTER Name of Limited	DANLE AC+ HEATING LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change at	nd fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
DEitra Raymond Name of Person	
Name of Person	
DEITRE'S GENERAL MINTENANCE A	C4 HEATING LLC
3544 SAINT JOHNS BLUFF ROAD APT	7#810
JACKSUNVILLE, FL. 32224  City/State and Zip Code	
deitraraymond 8 egmail. com E-mail address: (to be used forfuture annual report not	tification)
For further information concerning this matter, please call:	
Deitra Raymond au 901	<u>4</u> )343-7712
Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:
	Registration Section
	Division of Corporations P.O. Box 6327
<del>-</del>	Callahassee, Florida 32314
Tallahassee, Florida 32301	, ,
Enclosed is a check for the following amount:	
♀\$25 Filing Fee □	\$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEITA'S GENERAL MAINTENANCE AC & HEATING 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 Li Florida document number <u>L17000143</u>		were filed on July	<u>5,2017</u>	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	n "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			SEL SEL
				SE TI
				LE 27
Enter new mailing address, if applicable:				- F'
(Mailing address MAY BE A POST OFFICE I	BOX)			
				ST U
B. If amending the registered agent and/or the new registered off	or registered offi fice address here:	ice address on our r	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	DEITRA	RAYMOND		·
New Registered Office Address:	17120	Enter Florida street  OVILLE  City	address	
	JACKSON	City	Florida	32225 Zip Code
New Registered Agent's Signature, if changing R				

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 **Type of Action** Title Name Address DAVON RAYMOND 3544 SAINT JOHNS Bluft DAGO AMBR APT. + 810 - Remove JACKSONVIllE, FL. 32224 - Change □ Add □ Change □ Remove \_□ Change ☐ Remove \_\_\_ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00