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(Re	questor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration So Division of Cor					
SUBJECT		SON HEATING & AIR CONI	DITIONING LLC			
SUBJEC	·	Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	ırn all correspo	ondence concerning this matter	to the following:			
		WILBUR HENDERSON				
		HENDERSON HEATING	Name of Person G & AIR CONDITIONING LLC		~ ~	
		8720 ROSE AVE	Firm/Company		3	:]
		PENSACOLA, FL 32534	Address	 	<u>></u> رپ	;;i
		EDNA@LOCKLINACCO		· · · ·	(<u>.</u>)	
For further	r information c	E-mail address: (concerning this matter, please c	to be used for future annual report notific	ation)		
EDNA LO			850 469-4882			
	Name o	of Person		Telephone Number	_	
Enclosed i	s a check for tl	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 if Certificate of Certified Cop (additional copy	Status &	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENDERSON HEATING & AIR CONDITIONIN		
(Name of the Limited Liability Com) (A Florida Limited)	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on 07/25/2017	and assigned
Florida document number L17000158433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
HENDERSON & SONS HEATING AND AIR LLC		~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u>.</u>	
		() (3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered		nter the name of the no
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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

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

or remov	ved iroin our records:		
	Manager = Authorized Member		

<u>Title</u>	<u>Name</u>		Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee