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K. SALY APR 3 2018

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	condence concerning this matter	to the following:	
		DEMETRI	ZOS KAnida Name of Person	
		W835 (Firm/Company OSS 9 KNOII Address City/State and Zip Code 123 C 6 mail to be used for future annual report notificall:	
		TAVARES	Address FC 32	778
		Kr F (1)s E-mail address: (City/State and Zip Code 123 6 6 maj C to be used for future annual report notifi	. Com
	ı	reoncerning this matter, please ea	all:	
<u>) 2</u>	GMETRIC Nam	S KARIOFILIS of Person	at (321) Area Code Daytime	228 506 1 Telephone Number
Enclos	sed is a check fo	rthe following amount:		
□ \$2	5.00 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)
	Regi Divi P.O.	Stration Section son of Corporations Box 6327 Bassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 FILED

	V	'L'	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<u>D;</u>	VERSIFIED A/C SE	Prvices LLC ny as it now appears on our records jability Company)	13/13/1:07 Py 1:24
	ization for this Limited Liability Company		
	bmitted to amend the following:		
ALPHI	e, <u>enter the new name of the limited liab</u> 7 COOLNG AND tinguishable and contain the words "Limited Liabi) HEATING	LL C
Enter new principal	offices address, if applicable: ess MUST BE A STREET ADDRESS)	4835 Grass TAVANES	4 Knoll DRIVE FL 32778
·	ldress, if applicable: <u>Y BE A POST OFFICE BOX)</u>		
	e registered agent and/or registered of or the new registered office address her		, enter the name of the new
Name of Ne	v Registered Agent:		
New Registe	red Office Address:	Enter Florida street address	:

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.

City

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 <u>Address</u> <u>Name</u> Title □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

	nending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
		FILED
		FILED 18 APR -2 PH 1: 25
		SECAL TO 1: 25
		THE SILE OF ORION
lf an <u>Note</u> docu	effective date is I <u>e:</u> If the date it ment's effecti	ther than the date of filing:
		es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied after the record is filed.
Date	ed Marc	128 2018
	N	
		Signature of a member or authorized representative of a member EMETRIOS KARIOFILLIS
	!_	Typed or printed name of signee

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Filing Fee: \$25.00