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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | . MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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J. LEGGETT MAR 2 7 2018

COVER LETTER

| , Div | ision of Corp | orations' | ~* | |
|----------------|-----------------|--|---|---|
| SUBJECT: | GUARDIA | N AIR CONDITIONING, I | LLC | |
| 0000011 | | Name of Limit | ted Liability Company | |
| | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are subn | mitted for filing. | |
| Please return | all correspon | dence concerning this matter t | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | , ,,,,, | Firm/Company | |
| | | 101 N. Brand Blvd., 11th | ı Floor | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | brettcollins@guardianairc | • | |
| | | E-mail address: (to | o be used for future annual report notific | cation) |
| For further in | nformation co | ncerning this matter, please ca | d1: | |
| Cheyenne l | Moseley | | 800 773-0888 ex | t. 9724 |
| | Name of | Person | Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed is a | check for the | following amount: | • • • | |
| □ \$25.00 F | iling 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 ADDRESS:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabi (A Florid | lity Company as it now appears on our records da Limited Liability Company) | (<u>a</u>) |
|--|---|--|
| The Articles of Organization for this Limited Liability | Company were filed on 01/24/2018 | and assigned |
| Florida document number L18000021520 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| Presidential Air Conditioning LLC | | |
| The new name must be distinguishable and end with the words "L | imited Liability Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3 |
| (Principal office address MUST BE A STREET ADD | (RESS) | دَم |
| | | |
| | | And the second s |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | (=0 f^{(|
| | | |
| | | |
| B. If amending the registered agent and/or regi | istered office address on our records | , enter the name of the n |
| registered agent and/or the new registered office ad | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | Ela | rida |
| | | 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 the Managers or Authorized Member on our record | s, enter the title, name, and address of each Manager or |
|---|--|
| Authorized Member being added or removed from our records: | |
| | |

| MGR = Ms $AMBR = As$ | anager uthorized Member | | |
|----------------------|----------------------------|---------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| • | ter change(s) here: (Attach additional sheets, if necessar) |
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| ffective date, if other than the date of the effective date must be specific, cannot be prio | filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after |
| ne date this document is filed by the Florida Dep | artment of State) |
| ated MARCH 23 | |
| | 2608 |
| | |
| Signature | e of a member or authorized-representative of a member |
| Signature | e of a member or authorized representative of a member Brett Collins |

Page 3 of 3

Filing Fee: \$25.00