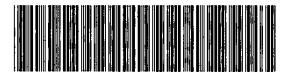
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	Certified H	VAC LLC		
SUBJ	ECI:	Name of Lim	ited Liability Company	<u> </u>
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Larry Cook		
			Name of Person	
		Certified HVAC LLC		
			Firm/Company	
		5895 SW 21St		
			Address	
		West Park Florida 33023	3	
			City/State and Zip Code	
		sales@certhvac.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Bo Ca	assamajor		954 448-8571 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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 ADDRESS:

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

Certified HVAC LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on 2/7/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:	 	SECRETARY APR
Principal office address MUST BE A STREET ADD.	RESS)	PR 13
Enter new mailing address, if applicable:		PA II
(Mailing address MAY BE A POST OFFICE BOX)		02
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	·	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Larry Cook	12761 SW 8th CT Davie FI 3332	Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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			Add
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			□ Change

				
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			FLORID.	<u> </u>
			9	· 2
Frective date, if other than the date of filing an effective date is listed, the date must be specific as ote: If the date inserted in this block does not be be because of the Department of	d cannot be prior to date meet the applicable st	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pursunents, this date will no	ant to 605.020 ot be listed a
e record specifies a delayed effective The 90th day after the record is filed		effective time, at	12:01 a.m. on th	e earlier o
4/9/18 	,			
ated	,			

Page 3 of 3

Filing Fee: \$25.00