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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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J. LEGGETT MAR 2 6 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLATTER HEATING AND AW LVC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark Cutler Name of Person	
Cutler Heating And Air LUC.	
923 McKenzie Rd. Address	
Canton ment, FL 32533 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 501-7255 Area Code Daytime Telephone Number	 -
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigcup \$10.00 Filing Fee & Certificate of Status \$\Bigcup \$25.00 Filing Fee & \Bigcup \$25.00	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Hability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1}{1000} \frac{1000}{1000} \frac{1000}{1000}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Cutler Heating Amil Air LLC The new name must be distinguishable and contain the words "Limited Liabil	co
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	3. 85 5.
Enter new mailing address, if applicable:	40 W Nine Mile Rd.
(Mailing address MAY BE A POST OFFICE BOX)	Suite #2 PMB #335
·	Pensawla, FL 32534
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00