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| Special Instructions to | Filing Officer:    |             |  |
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Office Use Only



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## **COVER LETTER**

| TO:                   | Registration Se<br>Division of Cor |  |   |  |  |
|-----------------------|------------------------------------|--|---|--|--|
| CI'DIC.               | PROFESSI                           | PROFESSIONAL AIR CONDITIONING AND APPLIANCE SERVICE, LLC |   |  |  |
| SC DOE                | C1. <u></u>                        | Name of Lim  | ited Liability Company  |  |  |
|                       |                                    | Amendment and fee(s) are sub                             | _   |  |  |
| Please r              | etum all correspo                  | indence concerning this matter                           | to the following:   |  |  |
|                       |                                    | RICARDO TORRES ACO                                       | DSTA  |  |  |
|                       |                                    |  | Name of Person  |  |  |
|                       |                                    | PROFESSIONAL AIR CO                                      | ONDITIONING AND APPLIANC  | E SERVICE. LLC   |  |
|                       |                                    |  | Firm/Company  |  |  |
|                       |                                    | 16537 SW 97 TERRACE                                      |   |  |  |
|                       |                                    |  | Address   | <del></del>  |  |
|                       | MIAMI, FL 33196                    |  |   |  |  |
|                       |                                    |  | City/State and Zip Code   |  |  |
|                       |                                    | E-mail address: (  | to be used for future annual report noti                            | fication)  |  |
| For furth             | ner information e                  | oncerning this matter, please c                          | all:  |  |  |
| RICARDO TORRES ACOSTA |                                    | 786 312-6618   |   |  |  |
|                       | Name o                             | f Person   | Area Code Daytim  | e Telephone Number   |  |
| Enclosed              | d is a check for th                | ne following amount:                                     |   |  |  |
| <b>■ \$</b> 25        | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status             | □ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                       | Mailing Addres                     | <u>s:</u>  | Street Address:   |  |  |

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL AIR CONDITIONING AND APPLIANCE SERVICE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/07/2018}{1}$ and assigned Florida document number  $\frac{L18000063621}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RTA MAINTENANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 16537 SW 97 TERRACE Enter new principal offices address, if applicable: MIAMI FL 33196 (Principal office address MUST BE A STREET ADDRESS) 16537 SW 97 TERRACE Enter new mailing address, if applicable: MIAMI FL 33196 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 16537 SW 97 TERRACE New Registered Office Address: Enter Florida street address MIAMI

## 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 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 |
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| E. Effective date, if other than the diffian effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep | be specific and cannot be prior to<br>ak does not meet the applicab | date of filing or more than 90 days   |                               |
| the record specifies a delayed effective cord is filed.  | date, but not an effective time                                     | e, at 12:01 a.m. on the earlier o     | f: (b) The 90th day after the |
| Dated SEPTEMBER 27   | . 2021  |                                       |                               |
| <del></del>  | Danweda<br>ignature of a member or authoris                         | red representative of a member        |                               |
| RICARDO TORRES AC  |   | ,                                     |                               |
|  | Typed or printed  | name of signee                        |                               |

Filing Fee: \$25.00