

L18 000069283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

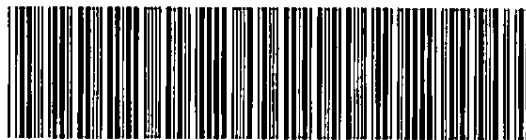
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Amend

AUG 10 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM AIR CONDITIONING & AIR QUALITY, LLC
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:

PATRICK J Kilgannon JR
Name of Person

CUSTOM AIR CONDITIONING & AIR QUALITY, LLC
Firm/Company

5749 GAIL BLVD
Address

ZEPHYRHILLS, FL 33542
City/State and Zip Code

OFFICEGROUP@CUSTOMAIRQUALITY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK J Kilgannon JR at (813) 713-2571
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Address:
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

Custom Air Conditioning & Air Quality, 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 MARCH 16, 2018 and assigned
Florida document number L18000069283

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

5749 GAIL BLVD
Zephyrhills, FL 33542

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

5749 GAIL BLVD
Enter Florida street address
Zephyrhills, Florida 33542
City 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

[illegible]

[illegible]

7/1/2020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 1, 2020

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

PATRICK J KILGAMMON JK

Typed or printed name of signee

Filing Fee: \$25.00