

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000365449 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : 120190000025 Phone : (239)649-5200 Fax Number : (239)649-8140

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HVAC ENGINEERING, LLC Certificate of Status Ccrtified Copy 05 Page Count \$25.00 Estimated Charge T LEMIEUX

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Tallahassec, FL 32314

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COVER LETTER

	stration Session of Corp			•
	HVAC Eng	ineering, LLC		
SUBJECT:		Name of Limi	ed Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subs	nitted for filing.	
Please return	all correspo	indence concerning this matter t	the following:	
		J. Thomas Conroy, III		
			Name of Person	
		Conroy, Conroy & Durani,	P.A.	
			Firm/Company	
2210 Vanderbilt Beach Road, Suite 1201				
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		filings@naplespropertylaw. E-mail address: (com to be used for fixture annual report not	Ification)
For further in	nformation c	concerning this matter, please c	না:	
Sementha M	lacLcod		239 649-5200 at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a	ı check for t	he following amount:		
国 \$25.00 1	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addre		Street Address: Registration Se	ection.
	gistration vision of (Section Corporations	Division of Co	rporations
	D. Box 63:		The Centre of	Tallahassee

(((H19000365449 3)))

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO (((H19000365449 3))) ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reco	ords.)	
he Articles of Organization for this Limited Liability Company value document number L18000079837			and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company here:		
outhFifth Group, LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbi	eviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		ALLAHASSEE, F	2019 DEC 19 E
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name	of the new regis
gent and/or tile new registered office address here.		<u>.</u>	ស្ត
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	iress	
	City	Florida	Zip Code
	City		ry cove

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

(((H19000365449 3)))

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
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			Change
			DAdd
			□ Remove
			Change
			CIA66
			Remove
			Change
			
			□Remove
			DChange

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ffective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date of	this block does not	meet the appl	icable statutory	g or more than 90 filing requirem	(optional) days after filing.) P eents, this date wi	ursuant to 605,0207 (Il not be listed as ti
e record specifies a d The 90th day after th			ot an effect	ive time, at	12:01 a.m. or	the earlier of:
nted	19	2019	- Jan			
	Signature of	a chember or au	horized represen	salive of a memb	ed .	

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Filing Fee: \$25.00 (((H1900103654419 3)))