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(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

0112 IN 000	Air Force A	Air Conditioning LLC		
SUBJECT:				
The enclosed	f Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Richard A. Fout		
			Name of Person	
Name of Person				
		3991 LittleCreek Dr.		
			Address	
		Fort Myers, FI 33905		
			City/State and Zip Code	
		_	to be used for future annual report notifi	cation)
For further is	nformation co		·	
Richard Fo				
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	-	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Air Force Air Conditioning LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilities Florida document number L18000124450	ty Company were filed on 05/17/2018	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Air Force Mechanical LLC		
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:	<u></u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>ente</u> address here:	r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	35.55
	, Florida	PAR
-	City	Zip Code
New Degistered Agent's Signature if changing Degis	tored Agent	5. 33

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
			☐ Remove
		 	Add
			☐ Remove
			Change
			Add
			□ Remove
			Remove
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			☐ Remove
			☐ Change
			
			Remove
			Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	(optional te of filing or more than 90 days after filing statutory filing requirements, this date	g.) Pursuant to 605.020	7 (3)(s the
the record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m	. on the earlier o	f:
Dated July 6th 2018	A		
· · · · · · · · · · · · · · · · · · ·	i D		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00