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SECRETARY OF SATIONS DIVISION OF CORPORATIONS
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COVER LETTER

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TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Name of Limi			
	ited Liability Company		
mendment and fee(s) are sub-	mitted for filing.		
lence concerning this matter	to the following:		
JERSON S ROBLERO			
	Name of Person		
J&T AIR CONDITIONING	G SUB-SERVICES LLO		
	Firm/Company		
19149 SE ROBERT DR			
	Address		
TEQUESTA FL 33469			
	City/State and Zip Code	-	
E-mail address: (0	to be used for future annual	report notification)	
cerning this matter, please ca	all:		
		2-3763	
'erson	Area Code	Daytime Telephone Number	
following amount:			
□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate (losed) Certified (of Status &
ion Section	Registrat	ion Section	
	JERSON S ROBLERO J&T AIR CONDITIONING 19149 SE ROBERT DR TEQUESTA FL 33469 E-mail address: (determing this matter, please can be considered by the constant of the consta	Name of Person J&T AIR CONDITIONING SUB-SERVICES LLC Firm/Company 19149 SE ROBERT DR Address TEQUESTA FL 33469 City/State and Zip Code E-mail address: (to be used for future annual accrning this matter, please call: 261 26: 272 at (JERSON S ROBLERO Name of Person J&T AIR CONDITIONING SUB-SERVICES LLC Firm/Company 19149 SE ROBERT DR Address TEQUESTA FL 33469 City/State and Zip Code E-mail address: (to be used for future annual report notification) accerning this matter, please call: 1561 Area Code Daytime Telephone Number Person Certificate of Status Certified Copy (additional copy is enclosed) GADDRESS: GADDRESS: STREET/COURIER ADDRESS: ion Section Segistration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears or imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	<u> </u>
		一
Enter new mailing address, if applicable:	. <u>. </u>	7 co
(Mailing address MAY BE A POST OFFICE BOX)		A SPE
		9: I
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ss here:	
	Enter Florida	street address
-	Z11.	, Florida
New Registered Agent's Signature, if changing Registered A	City	Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my nt as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	JERSON S ROBLERO	19149 SE ROBERT DR. TEQUE	
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			🗖 Add
			□ Remove
			Change
			Add
			Remove
			Change
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an effective date ote: If the date	if other than the date of finite is listed, the date must be specific inserted in this block does notice date on the Department.	and cannot be prior not meet the application	to date of filing or r able statutory filir	nore than 90 days af		
	cifies a delayed effectively after the record is file		t an effective	time, at 12:01	a.m. on the e	arlier o
08/01/20 ated	18		,			
**********	Jerson S. Signature of	of a member or author	orized representativ	e of a member		
	Josen S.					

Page 3 of 3

Filing Fee: \$25.00