## L18000174697

| Requestor's Name)      |  |
|------------------------|--|
| Address)               |  |
| Address)               |  |
| City/State/Zip/Phone # | )  |
| ☐ WAIT                 | MAIL   |
| Business Entity Name   | )  |
| Document Number)       |  |
| Certificates of        | f Status   |
| to Filing Officer:     |  |
|                        |  |
|                        |  |
|                        |  |
|                        | Address)  City/State/Zip/Phone #  WAIT  Business Entity Name  Cocument Number)  Certificates o |

Office Use Only



800318692848

03/27/18--01017--016 \*\*25.00

givision at susptimation

OCT 0 1 2018

N COOPER

## **COVER LETTER**

| ŤO:           | Registration Se<br>Division of Cor  |   |   |   |
|---------------|---|---|---|---|
| C110 II       |   | R DUCT SYSTEMS LLC                        |   |   |
| SUBJE         | Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  BRENDA CHAMBERS  BRENDA CHAMBERS  Name of Person  CHAMBERS & ASSOCIATES  Firm/Company  603 N. FERDON BLVD.  Address  CRESTVIEW, FL 32536  City/State and Zip Code  BRENDA@CA-CRESTVIEW.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call: |   |   |   |
| The en        | closed Articles of a  | Amendment and fee(s) are sub              | mitted for filing.  |   |
| Please        | return all correspo   | ndence concerning this matter             | to the following:   |   |
|               |   | BRENDA CHAMBERS                           |   | bytime Telephone Number  S60.00 Filing Fee, Certificate of Status & |
|               |   | CHAMBERS & ASSOCIA                        |   |   |
|               |   | 603 N. FERDON BLVD.                       | Firm/Company  | · · · · · · · · · · · · · · · · · · ·                               |
|               |   | CRESTVIEW, FL 32536                       | Address   |   |
|               |   | BRENDA@CA-CRESTVI                         |   | <del></del>   |
|               |   | E-mail address; (t                        | to be used for future annual report not                             | ification)  |
| For furt      | her information ec  | oncerning this matter, please ca          | ill:  |   |
| BRENI         | DA CHAMBERS   |   | 850 398-8088<br>at ()   |   |
|               | Name of   | Person                                    | Area Code Daytin  | ne Telephone Number   |
| Enclose       | d is a check for the  | e following amount:                       |   |   |
| <b>≅</b> \$25 | .00 Filing Fee  | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy                              |

MAILING ADDRESS:

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

| XPERT AIR DUCT SYSTEMS LLC  |   |                  |                         |
|---|---|------------------|-------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | ity Company as it now appears on our records.) a Limited Liability Company) |                  |                         |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{07/19/2018}{\text{El S000174697}}$ .       |   |                  | gned                    |
| This amendment is submitted to amend the following:   |   |                  |                         |
| A. If amending name, enter the new name of the lim  | nited liability company here:   |                  |                         |
| The new name must be distinguishable and contain the words "Lin   | nited Liability Company," the designation "LLC" or the a                    | bbreviation "L.1 | C."                     |
| Enter new principal offices address, if applicable:   |   |                  | <u> </u>                |
| (Principal office address MUST BE A STREET ADDI   | RESS)   |                  | SE<br>SE                |
|   |   | <u> </u>         |                         |
|   |   | 27               | 00<br>1487<br>1487      |
| Enter new mailing address, if applicable:   | -   |                  | <u> 경우:</u><br>프        |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <u>დ</u>         | 7315<br>— <del>23</del> |
|   |   | <u>ω</u>         | <u> </u>                |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent: | stered office address on our records, <u>enter</u><br>l <u>ress here</u> :  | the name o       | f the ne                |
| N D : 1000 111  |   | ,                |                         |
| New Registered Office Address:  | Enter Florida street address  |                  |                         |
|   | . Florida   |                  |                         |
|   | City  | Zip Code         | <del></del> -           |

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = · Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address             | Type of Action |
|--------------|--------------------|---------------------|----------------|
| MBR          | JERRED D. ANDERSON | 509 E. WILLIAMS AVE | <b>-</b>       |
|              |                    | CRESTVIEW, FL 32539 | ■ Add          |
|              |                    |                     | Remove         |
|              |                    |                     | Change         |
|              |                    |                     | Add            |
|              |                    |                     | ☐ Remove       |
|              |                    |                     | Change         |
|              |                    |                     |                |
|              |                    |                     | □ Remove       |
|              |                    |                     | Change         |
|              |                    |                     |                |
|              |                    |                     | ☐ Remove       |
|              |                    |                     | Change         |
|              |                    |                     | Add            |
|              |                    |                     | ☐ Remove       |
|              |                    |                     | ☐ Change       |
|              |                    |                     |                |
|              |                    |                     | □ Remove       |
|              |                    |                     | □ Change       |

|  |                                      |                            |  |                           | _                          |
|--|--------------------------------------|----------------------------|--|---------------------------|----------------------------|
|  |                                      |                            |  |                           | _                          |
|  |                                      |                            |  |                           | _                          |
| <del></del>  |                                      |                            |  |                           | _                          |
|  |                                      |                            |  | <u>.</u> ,                | <del></del>                |
|  |                                      |                            |  |                           | _                          |
|  |                                      |                            |  |                           |                            |
|  |                                      |                            |  |                           |                            |
|  |                                      |                            |  |                           | _                          |
|  |                                      |                            | <b>p.</b> .  |                           | _                          |
|  |                                      |                            |  | 18                        | _0<br>2¥0-                 |
|  |                                      |                            |  | - SEP                     | -85%<br>-85%               |
|  |                                      |                            |  | -27                       | - 35<br>35                 |
|  |                                      |                            |  | <u> </u>                  | - <u>90</u><br>- <u>90</u> |
|  | -                                    |                            |  | <u>ထု</u>                 | #15<br>- 설립<br>- 교립        |
|  |                                      | <del></del>                |  |                           | - 9°                       |
|  |                                      |                            |  |                           |                            |
| Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | c does not meet the applic           | able statutory tiling requ | (optional)<br>in 90 days after filing.) Pur<br>tirements, this date will | suant to 60<br>not be lis | 95.0207<br>sted as         |
| ne record specifies a delayed e<br>The 90th day after the record   | ffective date, but no<br>d is filed. | t an effective time,       | at 12:01 a.m. on 1   | the earl                  | ier of                     |
| SEPTEMBER 25   | 2018                                 | <u> </u>                   |  |                           |                            |
| Dated  |                                      |                            |  |                           |                            |

Page 3 of 3

Filing Fee: \$25.00