# 118000181977

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## **COVER LETTER**

to the second second

Div	ision of Corp	orations			
SUBJECT:		OORING AND AC MAINTEN	NANCE LLC		
SOBJECT		Name of Limi	ted Liability Company		
The enclosed	I Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		EFREN FERRO REYES			
		<del></del>	Name of Person		
	•				
		COOL IV PERMICE	Firm/Company		
		6004 W FERN ST			
		TAMPA.FL 33634	Address		
			City/State and Zip Code		
		E-mail address: (t	o be used for future annual rep	ort notification)	
For further in	nformation co	ncerning this matter, please ca	II:		
EFREN FERRO REYES 239 315-8466  Name of Person at ()  Area Code Daytime Telephone No.			466		
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:			
\$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

### MAILING ADDRESS:

TO:

**Registration Section** 

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

FILED

#### FERRO FLOORING AND AC MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records HAY 13 A 3 E8

The Articles of Organization for this Limited Liability Company were filed on 07/31/2018 SUCCE ANASSES and assigned					
Florida document number L18000182977	<del>_</del> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>.</u> e:			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<del></del>			
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable:	Collowing:  e of the limited liability company here:  ne words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  plicable:  EET ADDRESS)  CE BOX)  Ind/or registered office address on our records, enter the name of the new diffice address here:  Enter Florida street address  City Zip Code				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the ne			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office / Address.	Enter Floric	la street address			
		, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registere	d Agent:				
I hereby accept the appointment as registered agent	and agree to act in this co	inacity. I further agree to comply with th			

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>	<u>Address</u>	Type of Action
MCMD	JUAN A REYES MEDINA	6004 W FERN ST	
MGMR			Add
		TAMPA, FL 33634	
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			□ Change
			□ Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mu	date of filing:	relative data of fil	Carrier those 00	(optional)	
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The 90th day after the rec	ord is filed.				
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	Signature of a member or a	authorized repres	entative of a member	er	
EFREN FERRO REYE	¢				
	J				

Page 3 of 3

Filing Fee: \$25.00