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(Reque	estor's Name)	
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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ing Officer:	
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GEORGIANT OF SIAIL GELAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: 100	Name of Limit	DOLING AND HEA	DAG ALC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		ORD MEDLEY Name of Person		
	MORLO CLAS	S COOLING AZIS HEAT	TNO LIC	
		AREVIEW DB.		18 806 1
	CORAL S	OTRINGS FL 33 City/State and Zip Code	5071	ZE AN 8 ART OF S (SSEE, FL
	WORDCLASSCOOK E-mail address: (t	IN DANDHEATING @ 617 o be used for future annual report notific	ATL COM	AN 8: 92 FE. FLORIU
For further information co	oncerning this matter, please ca	di:		
JAC4 - Az	IN SPENCER	at (305) 879 - Area Code Daytime	3464 Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &
Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOALD (Name of the Limited Liability Co.) (A Florida Limited Liability Co.)	MD HATING LLC mpany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparing Library (925)3	any were filed on 8 13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited LEnter new principal offices address, if applicable:	iability Company," the designation "	*LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		AHASSE AHASSE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		0R10
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	
	City	, Florida Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action 689 LAZEVIEW DA CLIFORD MEDLEY CORAZ SPRIND FL 33071 ☑ Add □ Remove ☐ Change 689 LAKENIEW DA AMBR CLIND Medien CORAL STRINGS FL 33041 ₽/Xdd ☐ Remove **&** Change JEACY AND SPENICER Respond 150AWD Rd 102 MGR JAACT ANIN SPENCER ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sh	
	
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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 date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	1 90 days after filing.) Pursuant to 605,0207 (3
the record specifies a delayed effective date, but not an effective time, ab) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated 8' 23 . 2018 .	
Signature of a riember or authorized representative of a me	einber
JANCY - AIM SPENICER Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00