48000 259 369

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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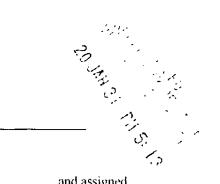
COVER LETTER

	gistration Secti ision of Corpo			-			
SUBJECT:		OTHERS AC AND HEATIN	∛G LLC				
		Name of Lim	ited Liability Company				
The enclose	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspond	ence concerning this matter	to the following:				
		REPP, ERIK R					
			Name of Person				
		ESKIMO BROTHERS AC	AND HEATING LLC				
	Firm/Company						
2730 BUCKHORN PRESERVE BOULEVARD							
	Address						
VALRICO, FL 33596							
							
		eskimobrothersac@gmail.ec					
		E-mail address: (t	to be used for future annua	d report notification)	1		
For further i	nformation con-	cerning this matter, please ca	ıll:				
REPP, ERI	κ R		813 40	00-0123		5	•
	Name of P	erson	Area Code	Daytime Teleph	ione Number	(· .
Enclosed is	a check for the	following amount:				:	
€ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		3 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	رير.	ANTE STATE

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ESKIMO BROTHERS AC AND HEATING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lis	ability company here	<u>;</u> ;	
N/A				
The new name must be distinguishable and contain the	words "Limited Liz	bility Company," the desi	gnation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
(Mailing address MAY BE A POST OFFICE	BOX)			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered offic	e address on our reco	ords, <u>enter the</u>	name of the new registe
B. If amending the registered agent and/or	registered offic	e address on our reco	ords, <u>enter the</u>	name of the new registe
B. If amending the registered agent and/or	registered offic	e address on our reco	ords, <u>enter the</u>	name of the new registe
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered offic ess here:	e address on our reco	ords, <u>enter the</u>	name of the new registe
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ess here:		ords, enter the	name of the new registe
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered offic ess here:	Enter Floride	ı street address	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered offic ess here:	Enter Floride	ı street address	name of the new registe a Zip Code
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered officess here:	Enter Floride City	ı street address	

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
AMBR	Gomez, Alexander D	5001 Bridge St.	
		Tampa, FL 33611	
			Change
S T,	TAVERAS, ANTHONY A	8913 FAWN RIDGE	∃ Add
		FORT MYERS, FL 33912	🗀 Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			∏ Change

N/A				
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			_	<u>_</u>
ffective date, if other than the da	ite of filing:		(optional)	
fan effective date is listed, the date must b Note: If the date inserted in this block	a specific and cannot be prior to does not meet the applic	to date of filing or more able statutory filing re	than 90 days after filing.) Pursuan equirements, this date will not	nt to 605.0207 be listed as
locument's effective date on the Depa				
record specifies a delayed effective of d is filed.	ate, but not an effective ti	me, at 12:01 a.m. on t	the earlier of: (b) The 90th d	lay after the
d is filed.				
Dated	2020			
Jated	<u> </u>	 ·		
CIRIY				
Si	gnature of a member or author	orized representative of a	a member	
ERIK R. REPP				

Filing Fee: \$25.00