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(((H180003528143)))



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Tc: Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 : (239)777-1028 : (877)275-3593 Fax Number

••Enter the email address for this business entity to be used for futu $\overline{\underline{n}}$ e j,j annual report mailings. Enter only one email address please.**

Support@licensesetc.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACOBS' HEATING AND COOLING LLC

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COVER LETTER

	ration Sec on of Corp					
	ACOBS: II	EATING AND COOLING LI	LC			
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for tiling.			
Please return al	l correspor	adence concerning this matter	to the following:			
		LISA ADAMS				
			Name of Person			
		LICENSES ETC. INC.				
			Firm Company		-	
		886 HOTH AVE N SUITE	E #6			
			Address			
		NAPLES, FL 34108			DEC AFA	, 4
	City/State and Zip Code SUPPORT@LICENSESETC.COM					11
		L-mail address: (to be used for future annual report notifi	cation)	F S F	6.
For further info	nmation co	meerning this matter, please co	ull:		AMIO: L	
LISA ADAMS	3		239 777-1028		on	
	Name of	Person	Area Code Daytime	Telephone Number	r	
Enclosed is a c	heck for the	e following amount:				
■ \$25,00 Fib	ng Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

(((H18000352814 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)		
	(A Florida Limited Liability Company	.i		
The Articles of Organization for this Limited b	.iability Company were filed on	11/05/2018	and assigned	t
Florida document number L18000259834				
Torrac document thanoet				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability company	<u>bere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the	bbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE		· · · · · · · · · · · · · · · · · · ·	.23.	
			: 5	
				
			ည်း ဘက်	
Enter new mailing address, if applicable:		·	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>	Γ
				
3. If amending the registered agent and	l/or registered office address	on our records, ente	r the name of th	ıe_
registered agent and/or the new registered o	office address here:			
Name of New Registered Agent:	DAVID A. JACOBS III			
New Registered Office Address:	4423 CLAY ST			
	Enterl	loridastreet address		
	ZEPHYRIHLLS	, Florida <u>- 3</u>	3542	

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 stander 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

To: Sunbiz LLC Amendment Page 6 of 7

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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	DAVID A. JACOBS III	4423 CLAY ST.	Add			
		ZEPHYRHILLS, Ft. 33542	☐ Remove			
			_ ☐ Change			
			□ Add			
			☐ Remove			
			Change Add Control Control			
			Reppe ?"			
			☐ Remove			
			☐ Change			
			Add			
			□ Remove			
			Change			
			□ Remove			
			Change			

CHANGED TO APPEAR A	S DAVID A. JAC	OBS III, HOW	DAVID A. JAC	OBȘ III IS THE	REGISTER	₹ED
AGENT AS WELL AS AN	AMBR, PLEASE	UPDATE HIS	NAME IN BOT	H PLACES.		
Please also add the FF	N as this has h		Our FEIN mu	uber is 83-25	39310.	
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ctive date, if other than the effective date is listed, the date inue: If the date inserted in this blument's effective date on the D	ock does not meet	the applicable	CC 234 CLISSEE CM 135645 C	atan Artius tarici	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nt to 605.0207 : t be listed as t
ecord specifies a delayed ne 90th day after the rec	effective date ord is filed.	e, but not an	effective tim	e, at 12:01 a	.m. on the	e earlier of:
DECEMBER 12TH		D18				
	The same					

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Filing Fee: \$25.00