# L18000275628

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 2 5 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: 6	R Air Name of Limites	Conditioning d Liability Company	<u> </u>
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Rafael 1	J Rude (Julez Name of Person	
-		Firm/Company	
-	451 W 35	Address	
-		FZ 330/2 City/State and Zip Code	
_	PROCREGUEZ C	be used for future annual report notification	<u>a/</u> m)
For further information conce	•		
Kata N Name of Per	20driguer	at (786) 393 446 Area Code Daytime Tele	D Z phone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

 $(x,y) = (x,y) \cdot (x^{-1})$ 

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

(Name of the Limited Liability	Conditioning L	Le	
(A Florid	ity Company as it now appears on our rate Limited Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liability (	Company were filed on <u>///2 9</u> /	and assigned	1
Florida document number <u>L18000 J75 628</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	+
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	
Enter new mailing address, if applicable:		ω	
(Mailing address MAY BE A POST OFFICE BOX)		로 0	
		<u></u>	^_ ^
		Part of the second seco	'
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of th	e nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	_
New Registered Office Address:			
	Enter Florida street a	address	
		Florida	
	City	Zip Code	
New Degistered Agent's Signature, if changing Degisters	d taonti		ı

New Registered Agent's Signature, it 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

MGR = M AMBR = A	lanager uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MBR	Tesus A PEREZ	<del></del>	
			□ Remove
		-	□ Change
			□ Remove
			Change
			□ Add
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			☐ Remove
			☐ Change
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		- <del></del>	□ Remove
			Change
			Remove

\_□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 474 2019.
	Signature of a member or authorized representative of a member
	Vesus A. Pener
	Typed or printed name of signee

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Filing Fee: \$25.00