

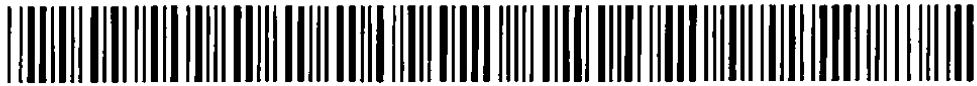
L19000243451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

sent
8/15/19

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000243451 3)))



H190002434513ABCS

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

From: Account Name : A.A.ALI, CPA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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8/28/19

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9/4/19

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLERMONT COOLING & HEATING LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**

Mrs. Wood
Please dated off: 8/15/19

Thank you so much

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 15 PM 12:10

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H19000243451 3)))

CLERMONT COOLING & HEATING LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 01/08/2019 and assigned
Florida document number L19000005245.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11/15/2019
DIVISION OF CORPORATIONS
19 AUG 15 PM 12:10

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

(((H19000243451 3)))

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

((H19000243451 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAEED MUSTAPHA	644 BLACK EAGLE DR GROVELAND, FL. 34736	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JASMINE MUSTAPHA	644 BLACK EAGLE DR GROVELAND, FL. 34736	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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