

L19000014801

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ETC@LICENSESETC.COM

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2019 JUN 26 A 3:45
TALLAHASSEE
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AC INSTALLS LLC

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D SCOTT

JUN 27 2019

(((H19000198167 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AC INSTALLS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE. N., SUITE 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS

239 777-1028

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

(((H19000198167 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000198167 3)))

AC INSTALLS 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 01/14/2019 and assigned
Florida document number L19000014801.

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)

26110 DEEP CREEK BLVD.

PUNTA GORDA, FL 33983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

26110 DEEP CREEK BLVD.

PUNTA GORDA, FL 33983

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:

ANTHONY R. CRAGO

New Registered Office Address:

26110 DEEP CREEK BLVD.

Enter Florida street address

PUNTA GORDA

City

Florida 33983

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

(((H19000198167 3)))

(((H19000198167 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT HIBBINS, JR.	2143 STARLITE LANE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA L. SCAGLINE	22076 PERKIN TERRACE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN FAHEY	3889 DRYANT STREET	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	ANTHONY R. CRAGO	26110 DEEP CREEK BLVD.	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(((H19000198167 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H19000198167 3)))

Please also add our FEIN (83-3182848) to our listing on Sunbiz. Thank you.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 25TH, 2019

Signature of a member or authorized representative of a member

ANTHONY R. CRAGO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((H19000198167 3)))