L19000014808

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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJEC		R CONDITIONING & APPLI	ANCE LLC	
	UI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		YOELKISS GONZALEZ	RODRIGUEZ	
		DELTA AIR CONDITION	Name of Person NING & APPLIANCE LLC	
		15569 SW 182ND LN	Firm/Company	
		MIAMI, FL 33187	Address	
		DELTAAIR DOCS@GMA	City/State and Zip Code IL.COM	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please ca	all:	
YOELK	GSS GONZALE	Z RODRIGUEZ	786 218-7121 at ()	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpo	on

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 SEP -6 PM 2:53

DELTA AIR CONDITIONING & APPLIANCE 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 $\stackrel{01/14/2019}{-}$ and assigned Florida document number $\frac{L19000014808}{}$ 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YOELKISS GONZALEZ RODRIGUEZ	15569 SW 182ND LN, MIAMI, F1. 33187	Add
		<u> </u>	Remove
			Change
MGR	CARLOS BLANCO	15569 SW 182ND LN, MIAME, FL 33187	Add
			□ Remove
			Change
MGR	NELSON O RUBI	15569 SW 182ND, MIAMI, FL 33187	□ Add
			■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change

D. It amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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in more at a dia	09/04/2019 (ontional)
(If an effective da Note: If the d	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	ber 4 2019
	Signature of a member or authorized representative of a member
Yo	elkiss Gonzalez Rodriguez
-	Typed or printed name of signee

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Filing Fee: \$25.00