

L190000 34838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

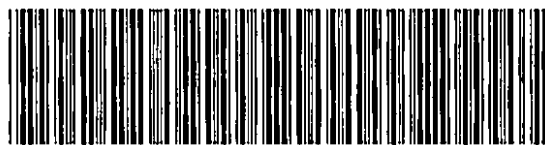
(Document Number)

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AND  
FILED  
2019 APR -1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T.G.  
3/10/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2019

JAY ROTHLEIN  
407 LINCOLN ROAD, SUITE 2A  
MIAMI BEACH, FL 33139

SUBJECT: 4 COMFORT SERVICES, LLC  
Ref. Number: L19000034838

We have received your document for 4 COMFORT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 319A00005625

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AND  
FILED

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2019 APR -1 PM 11:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4 COMFORT SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY ROTHLEIN

Name of Person

Firm/Company

407 LINCOLN ROAD, SUITE 2A

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

jay@jrbeachlaw.com

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

2019 APR - 1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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AND  
FILED

For further information concerning this matter, please call:

Jay Rothlein

305

532-2250

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

4 COMFORT SERVICES, 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 February 4, 2019 and assigned  
Florida document number L19000034838.

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)

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TALLAHASSEE, FL 32399

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

City

Florida

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

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	Maria Gabriella De Jesus Natale Flores	800 West Ave	<input type="checkbox"/> Add
		# 516	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 AND  
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 TALLAHASSEE, FLORIDA

2019 APR - 1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 0910

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TALLAHASSEE, FLORIDA

(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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated March 7, 2019

Signature of a member or authorized representative of a member

Pablo Lafforque

Typed or printed name of signer