

L19000059842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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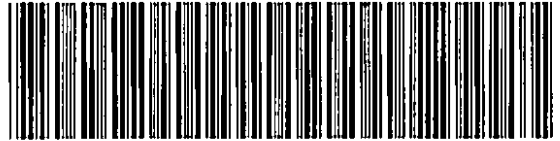
(Business Entity Name)

(Document Number)

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2021 FEB 11 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL

L111121

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUALITY AIR HEATING AND COOLING INC
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:

MAXIS, NOSENDIER J

Name of Person

QUALITY AIR HEATING AND COOLING INC

Firm/Company

1856 JACOBIN ST NW

Address

PALM BAY FL 32907

City/State and Zip Code

NOSENDIERJAMES@HOTMAIL.COM

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

For further information concerning this matter, please call:

NOSENDIER MAXIS

321

446-2499

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2021 FEB 11 AM 8:18

QUALITY AIR HEATING AND COOLING, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/01/2019 and assigned
Florida document number L19000059842.

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:

2911 FISHER AVE SE

(Principal office address MUST BE A STREET ADDRESS)

PALM BAY FL 32909

Enter new mailing address, if applicable:

1856 JACOBIN ST NW

(Mailing address MAY BE A POST OFFICE BOX)

PALM BAY FL 32907

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:

MAXIS. NOSENDIER J

New Registered Office Address:

1856 JACOBIN ST NW

Enter Florida street address

PALM BAY

City

Florida 32907

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>
MRG	ANTHONY T BEKO	2712 GARDEN FALLS DR	<input type="checkbox"/> Add
		BRANDON FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MAXIS, NOSENDIER J	1856 JACOBIN ST NW	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	LOUIS-JACQUES, MARVEN	2911 FISHER AVE SE	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32909	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated 02/02/2021.

x Nosondier James Mays
Typed or printed name of signer

Filing Fee: \$25.00