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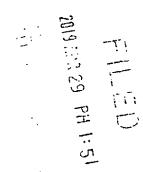
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Amend/Name
Amend/Name

MAY - 9 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: H.V.A.C. Ningas 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:
Andrew Parisa Name of Person
H.V.A. (, Ninjas LCC Firm/Company
1528 Cashiers de
Winter Garden Fl 34787 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee B\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T	0 20 / 1. /
ARTICLES OF C	DRGANIZATION (1/2)
O	F
(Name of the Limited Unability Compa (Arforida Limited)	O PRGANIZATION F The property of the propert
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000001790</u> .	were filed on $03/04/2019$ and assigned
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
AIR Non CS LLC The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	1528 Cashiers dr. Winter Garden Fl.
`	34787
Enter new mailing address, if applicable:	1528 Cashiers dr
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden Fl 34787
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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

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>	Type of Action
MGR	Christian 6 Smith	18307 17th Ave	
		orlando F1, 32833	#Remove
_			Change
M6R	Brittany Montgomery	1228 Leon Lo Daytona Beach Fl	P :Add
	, ,	Daytona Beach Fl	Remove
		32117	Change

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			🗆 Change

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Note:	ive date, if other than the date of filing: 04/01/2019 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	4/25/19 4:40
Dated	
Dated	Andrew Head Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00