

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Sun	rise Hext & A Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joseph S	SweH Name of Person	
	Sunrise Hea	+ & Air LLC Firm/Company	
	1116 Nebras	KL ANC Address	
	Palm Harbury	FL 34683 City/State and Zip Code	
	NO W SUNCISE	BC6, Com to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Joseph Sa Name o	of Person	at (<u>'725</u>) <u>4/0 - 0</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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

TO ARTICLES OF ORGANIZATION OF

Suncise Heat & H	ted Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited I. Florida document number 4/9000 94	iability Company v	11/	0/19	and a	ssigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liabil	ity company here:			
The new name must be distinguishable and contain the vector of the new principal offices address, if applied the experimental office address MUST BE A STREET.	eable:	y Company," the design	ation "LLC" or the a	bbreviation "	L.L.C."
Enter new mailing address, if applicable:					· · · •
(Mailing address MAY BE A POST OFFICE	BOX)			[]	
				<u> </u>	·:
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our	records, <u>enter</u>	the námc	of the ne
Name of New Registered Agent:	Joseph	Swett			
New Registered Office Address:	287 ora.		+ 103		
	Palm Had	Enter Florida st City	rect address Florida	34683 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

Page 1 of 3

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary Hell	2172 Newbury Ct	& CAdd
,		2172 Newbury Ct Palm Harbor, FL 34683	□ Remove
			Change
			🗆 Add
			Remove
			Change
		···	Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

li C Fact	ive date if other than the date of filing: (optional)
f an ef	ive date, if other than the date of filing:
<u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
uocun	ent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
THE	90th day after the record is filed.
	$\alpha + 1$
Dated	9 J/4
	- Africa
	Signature of a member or authorized representative of a member
	T_{ij}

Page 3 of 3

Filing Fee: \$25.00