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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
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COVER LETTER

| TO: Registration Section , Division of Corporations * | | | | | | | |
|--|--|--|--|--|--|--|--|
| G AND D HVAC LLC SUBJECT: | | | | | | | |
| 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: | | | | | | | |
| SAVANNAH NORRIS | | | | | | | |
| Name of Person COASTAL ACCOUNTING | | | | | | | |
| Firm/Company 1150 AIRPORT ROAD UNIT 172 | | | | | | | |
| Address DESTIN, FL 32541 | | | | | | | |
| City/State and Zip Code GARTHGOODWIN1@GMAIL.COM | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| SAVANNAH NORRIS | | | | | | | |
| Name of Person at () Area Code Daytime Telephone Number | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

| G AND D HVAC LLC | | |
|---|--|--------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on APRIL 17, 2019 | and assigned |
| lorida document number L19000105881 | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | P. |
| he new name must be distinguishable and contain the words "Lin | nind Liability Company "the designation "LLC" or his | abbreviation "LLC" |
| Enter new principal offices address, if applicable: | miled Liability Company. The designation LLC of the | 题 差 丑 |
| Principal office address MUST BE A STREET ADD | RESS) | 1 P |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | PR 5: 21 |
| 3. If amending the registered agent and/or regi egistered agent and/or the new registered office add | | r the name of the |
| 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 | GARTH GODWIN | 240 TWIN LAKE LANE DESTIN, FL 32541 | |
| | | | ■ Remove |
| | | | |
| MGR | GARTH GOODWIN | 240 TWIN LAKE LANE DESTIN, FL 32541 | |
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| ffective date, if other than the an effective date is listed, the date mu fote: If the date inserted in this bocument's effective date on the D | t be specific and cannot be prior to dock does not meet the applicable | ate of filing or more than 90 statutory filing requires | (optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed |
| e record specifies a delayed The 90th day after the rec | | n effective time, at | 12:01 a.m. on the earlier |
| ated MAY 21 | 2019 Nah H W | M) | |
| Carana | Signature of a member or authorize | d representative of a mem | ber |
| <u>Suvanna</u> | M NOYYIS Typed or printed in | | |

Page 3 of 3

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