

L19000122553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

As requested
by Heather Toufexis
concurrent date 7/11/19
Cmw
7/25/19

Office Use Only



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07/19/19--01015--015 **60.00

FILED
2019 JUL 19 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 25 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salt Air A/C, Heating and Refrigeration
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:

Heather Chavers

Name of Person

Salt Air A/C, Heating and Refrigeration

Firm/Company

2345 E. 14th St.

Address

Panama City, FL 32405

City/State and Zip Code

heather.saltairhvac@gmail.com

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

For further information concerning this matter, please call:

Heather Chavers

Name of Person

at (850) 381-6027

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

Salt Air A/C, Heating and Refrigeration

(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 May 6, 2019 and assigned
Florida document number L919000122553

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.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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SOUTHERN
FALLAHASSEE, FL

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:

Heather Chavers

New Registered Office Address:

2345 E. 16th St.

Enter Florida street address

Panama City

City

Florida

32405

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.

Heather Chavers

If Changing Registered Agent, Signature of New Registered Agent

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	Chad Chavers	2345 E. 16th St.	<input checked="" type="checkbox"/> Add
		Panama City, FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heather Chavers	2345 E. 16th St.	<input type="checkbox"/> Add
		Panama City, FL 32405	<input type="checkbox"/> Remove
			<input checked="" 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

F. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

Dated July 15, 2019

Heather Chang / Chad Chambers
Signature of a member or authorized representative of a member

Heather Chavers / Chad Chavers
Typed or printed name of signee