Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

e 3 1	Address:			
	annress:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTORIA HEATING & COOLING LLC

Certificate of Status	0
Certified Copy	I
Page Count	07
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 6

COVER LETTER

	Registration Se Division of Corp				
ču : D Hrzen		HEATING & COOLING LLC			
SUBJECT	}':	Name of Limit	ed Liability Company		
		Cheyenne Moseley			
			Name of Person		others for accomm
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address	·	
		Glendale, CA 91203			
		hvordon@astoriaair.com	City/State and Zip Code	:	
		•	o be used for future annua	report notification)	
For furthe	r information c	oncerning this matter, please ca	ill:		
Cheyenne	e Moseley				
	Name o	Name of Person			
Enclosed	is a check for th	ne following amount:			
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is et	Cer nelosed) Cer	00 Filing Fee, tificate of Status & tified Copy nional 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

ASTORIA HEATING & COOLING LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.19000128601		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit 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 BON)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	tered office address on our records, <u>e</u> r <u>ess here</u> :	FILE HEC 16 MHASSE
New Registered Office Address:	Enter Florida street address	PH 2: 05 OF STATE E. FLORID
	, Floric	Ia Zip Code

New Registered Agent's Signature, if changing Registered Agent;

Page: 4 of 6

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 hability 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

Page: 5 of 6

Title	Name	Address	Type of Action
MGR	Juan C. Galvis Sr.	213 S Hiawassee Road Orlando, FL 32835	
			☐ Remove
			Change
MBR	Heberth Gil	2625 Ginger Mill Blvd. Orlando, FL 32837	bbA ⊟
			☐ Remove
			☐ Remove
			D Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

Effective date. If other than the date of filing: (Brancifering date is sticle, the date must be specific and cannot be prior to date of filing or more than 90 days offic filings. Pursuant to 600 of Note: If the date inserted in this sloke, does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier by The 90th day after the record is fried. Dated 12:9:20 Particular of a member of authorized representative of a member of a			oed or printed agree of signe		EF, FLO	PR 2: 00
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Filing Fee: \$25.00