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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations	· ·						
	Florda Air (Conditoning & Refrigeration S	ervices LLC						
SUBJECT:		Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspo	ndence concerning this matter	to the following:						
		Valerie Edwards							
			Name of Person						
		The Johnson Agency							
	The Johnson Agency Firm/Company								
	1265 US 331 S								
			Address						
		DeFuniak Springs, FL 324	35						
			City/State and Zip Code						
		valerie@johnsonagencynwt							
		E-mail address: {	to be used for future annual report notification)						
For further in	nformation c	oncerning this matter, please ca	all:						
Valerie Edw	ards		850 892-2752						
	Name o	f Person	at ()						
Enclosed is a	check for th	ne following amount:							
■ \$25.00 H	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filin Certified Copy (additional copy is enclosed) Certified Co (additional copy)	of Status &					
	iling Addres		Street Address: Registration Section						
Registration Section Division of Corporations P.O. Box 6327			Division of Corporations						
			The Centre of Tallahassee						
Tal	lahassee, l	*L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	1					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florda Air Conditoning & Refrigeration Services LLC (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 $\frac{05/21/2019}{1}$ ____ and assigned Florida document number 1.19000137174This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Air Experts LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address City

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>	Name	Address	Type of Action
			□Add
			□Remove
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Note: If the	date inserted i	han the date of the date must be spe in this block do on the Departm	es not meet t	he applicable	ate of filing or mor statutory filing	(option of the control of the contro	onal) (filing.) Pursuant to 605 s date will not be liste	i.0207 (i ed as th
ne record spec ord is filed.	rifies a delayed	l effective date.	but not an e)	ffective time,	at 12:01 a.m. or	the earlier of: (b) The 90th day after	r the
Dated	01/06	,	2(<u> </u>	Trepresentative o			
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_		Signati	ure of a memb	er or authorized	I representative o	f a member		

Filing Fee: \$25.00