

L19000 148 885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

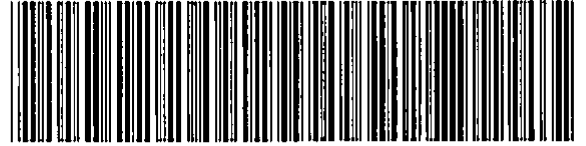
(Business Entity Name)

(Document Number)

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2019 AUG -1 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2019
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMFORT SOLUTIONS TECH LLC

Name of Limited Liability Company

2019 AUG - 1 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A ROCA

Name of Person

COMFORT SOLUTIONS TECH LLC

Firm/Company

1319 Constantine St.

Address

Orlando, FL.. 32825

City/State and Zip Code

alejandrroca.22@gmail.com

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

For further information concerning this matter, please call:

JOSE A ROCA

407

860-8842

at ()

Name of Person

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

2010 AUG - 1 PH 2: 38
SECURITY OF STATE
BALLANTRAE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Type of Action</u>
MGR	HEBERTH, GIL	2625 Ginger Mill Blvd Orlando, FL., 32837	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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PLEASE REMOVE MR HEBERTH GIL FROM THIS COMPANY, SINCE HE IS NOT LONGER PART OF IT

PLEASE REMOVE MR HEBERTH GIL FROM THIS COMPANY, SINCE HE IS NOT LONGER PART OF IT

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 25th, 2019

Signature of a member or authorized representative of a member

JOSE A ROCA

Typed or printed name of signee