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COVER LETTER

Division of Corporations Tota Comfort System, 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: Mette Larsen Name of Person Firm/Company 250 NW 117th Street Address Ocala, FL 34475 City/State and Zip Code metteplarsen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mette Larsen Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

Tota Comfort System, LLC

(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000150517</u> .	ny were filed on June, 6, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	·	
		ည်း ဟ ကြို
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	्र क
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Pioriau Street adaress	
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Ager	•	My Cone

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ti 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each person b

MGR = Manager MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Charles Tota	1521 Menorca Court	
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		Wellington, FL 33414-1650	_
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11 amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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