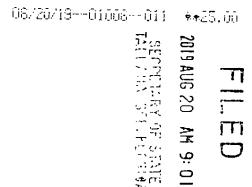
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(Requestor's Name)	—
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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COVER LETTER

	stration Section of Corpo			
CUBURGE	C C HVAC, L	LC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subt	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		CARLOS A CLERO BAR	ROSO	
			Name of Person	
			Firm/Company	
		3273 ROSTAN LN		
			Address	
		Lake Worth/FL 33461		
			City/State and Zip Code	
		carlyclerojr@gmail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please ca	ill:	
CARLOS A	CLERO BARI	ROSO	561 8566016 at ()	
	Name of P	erson	Area Code Daytime	l'elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

C C HVAC, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000193035</u> .	were filed on 7/29/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	he abbreviation "L.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)		
		-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ei</u> e:	, y
regionered agent unit/of the new regionered office and too ney	= '	20
Name of New Registered Agent:		A D
New Registered Office Address:		- 13 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13
	Enter Florida street address	Ţ.~
	, Florid	a
	City	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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS A CLERO BARROSO	3273 ROSTAN LN	
		Lake Worth/FL 33461	Aud
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
		 	Change
		 	
			Remove
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ffective date, if other the an effective date is listed, the determinent in a cument's effective date on	ate must be specific an this block does not	nd cannot be prior to meet the applicabl	date of filing or more th	ian 90 days after filing.) Pui	suunt to 605,0200 not be listed as
e record specifies a de The 90th day after th	elayed effective se record is filed	date, but not a	an effective time	, at 12:01 a.m. on	the earlier o
August 14th		2019	.•		
A110	2/01-				
////	114				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00