## L19 000200204

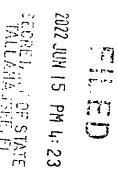
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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#**425.00** ±**425.00** 



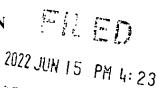
A. BUTLER SEP - 6 2022

## **COVER LETTER**

TO: Registration S  Division of Co			•	
Morgan A	/C Services IIc			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	Michael Morgan			
	***	Name of Person		
	Morgan A/C Services lle			
		Firm/Company		
	319 W. Seminolle Ave			
		Address	<del></del>	
	Bushnell, F1, 33513			
		City/State and Zip Code	<u> </u>	
	morganhomeserviceslle@g			
		to be used for future annual report	notification)	
	concerning this matter, please c	all:		
Michael Morgan		352 457-3003		
Name	of Person		time Telephone Number	
Enclosed is a check for	the following amount:			
<b>■</b> \$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 Addre		Street Address Registration		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Mor	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Morgan A/C Services Ilc

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

Florida document number 1.19000200204  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Advanced Electric & Air LLC	assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Advanced Electric & Air LLC	
Advanced Electric & Air LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable: 319 W. Seminole Ave	
Principal office address MUST BE A STREET ADDRESS)	
Bushnell, Fl 33513	
Enter new mailing address, if applicable:  319 W. Seminole Ave	
Mailing address MAY BE A POST OFFICE BOX)	
Bushnell, FL 33513	

## 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>	Address	Type of Action
			□Add
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
		4-4	
			□Add
			□Remove
		4	☐ Change
			\ \ \ \_Add
			□Remove

<u></u>	
<del></del>	
	(112122
Note: If the date inserted in this blo	date of filing: (optional)  to be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ock does not meet the applicable statutory filing requirements, this date will not be listed as to
document's effective date on the Do	partment of State's records.
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June, 12 Dated	2022
- No	
<i>,</i> ,	Signature of a member or authorized representative of a member
Michael Morgan	
	Typed or printed name of signce

Filing Fee: \$25.00