L200000 17100

	Requestor's Name)
(A	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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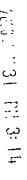




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R. WHITE FEB 2 6 2020



COVER LETTER

Division of Corporations
SUBJECT: Charlie Head id HVAC Services LLC 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:
Please return all correspondence concerning this matter to the following.
Charlie Hadida Name of Person
Charle Hadida HVAC Sprices LLC Firm/Company
123 Doset C
City/State and Zip Code Charle hadidu 180 Gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S6) 400 2205 Area Code Daytime Telephone Number
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)

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Hadida HVAC	ny as it now appears on our records.)
(Name of the Limited Liability Compar (A Florida Limited L	liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L L DOO 0017100</u> .	were filed on Scaucify OA, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Charlie Hadida Hame Service	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	175 Doiset C Book Raten FL
	33434
Enter new mailing address, if applicable:	Boci Ration FL
(Mailing address MAY BE A POST OFFICE BOX)	Boci Raten FL
	35434
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Junuary 29+1 2020.
	Signature of a member or authorized representative of a member
	Charlie Hadida Typed or printed name of signee