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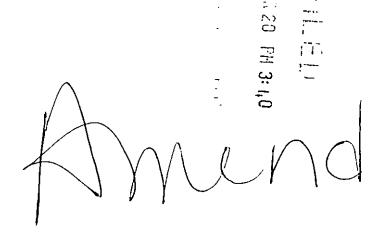
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

Brothers Air & Heat 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: Chad Brockman Name of Person Brothers Air & Heat LLC Firm/Company 97105 Bellville Ln Address Yulce, FL 32097 City/State and Zip Code chadbrockman01@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 304-1963 Chad Brockman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■ \$25.00** Filing Fee Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s Brothers Air & Heat LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/21/2020 The Articles of Organization for this Limited Liability Company were filed on ____ L20000027067 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

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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
MGRM	Chad Brockman	97105 Bellville Ln	= Add
		Yulee, FL 32097	□Remove
			Change
			□Ađd
			□Remove
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tive date, if other than the date of filing	g: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed
nent's effective date on the Department of S	State's records.
ed enocities a delayed officitive data. but not	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
iled.	that effective time, at 12.01 a.m. on the earlier of (o) The your day later a

April 17th	2020
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Signature of a r	member or authorized representative of a member
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Filing Fee: \$25.00