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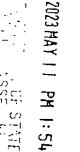
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5/16/23 V.M



FILED

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: The R	Right Way And Name of Limi	CONDITIONIT	g LLC	
The enclosed Articles of A	amendment and fee(s) are subr	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Jason	Albiho Ort Name of Person	12	
	The Right 1	19 Air Condit	ioningLLC	
	827 Timber	-r Pond Driv	<u> </u>	
	Brandon	FL 33510 City/State and Zip Code)	
	E-mail address: (i	to be used for future annual report not	tication)	
For further information co	oncerning this matter, please co	all:		
Jason Albi Name of	no Ortiz	at (<u>786)</u> 301 Area Code Daytin	- 0562_ ne Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se		
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of 7	Fallahassee be Street, Suite 810	
Tallahassee, F	し 04014	ETTI IN, MICHIG	o mace, mine or o	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L2</u>000084088 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 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: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address NA

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 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>	Name	Address	Type of Action
NA	NA	_NA	□Add
			□Remove
			Change
			□Add
			Remove
			□Change
		_ 	□Add
			□Remove
			□Change
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f an effective date is l Note: Hithe date ii	other than the date isted, the date must be saterted in this block over date on the Depart	pecific and cannot book not meet the a	e prior to date of fili applicable statuto	ng or more than 9	(optional) Odays after filing.) F ments, this date w	Pursuant to 605,0207 (ill not be listed as t
record specifies a d is filed.	delayed effective dat	e, but not an effec	tive time, at 12:0	I a.m. on the ear	rlier of: (b) The (90th day after the
Dated May	8 Julian Sign	June of a member of	23 or authorized repres	entative of a mem	ber	
	Jason	Albin	o Ort	i2		

Filing Fee: \$25.00