L20000098775

(Requestor's Name)	
(Address)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	BREEZE AIR CONDITIONIN	NG LLC	
SUBJECT:	Name of Lim	ited Liability Company	
			for filing. following: Name of Person Firm/Company Address /State and Zip Code sed for future annual report notification) _at (772 / Area Code) Daytime Telephone Number \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEREMY DURLING		
		Name of Person	
		Firm/Company	
	8176 104th AVE		
		Address	
	VERO BEACH, FL 32967		
		City/State and Zip Code	
	summerbreezeaircon@gma		.,.
For further information c	e-mail address: (concerning this matter, please c		offication)
JEREMY DURLING			
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	• -	Certificate of Status & Certified Copy
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMER BREEZE AIR CONDITIONING LLC

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

(A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000098775</u>	npany were filed on <u>04-07-2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRE.		
		<u>ا</u> ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
		P:
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street ada	tress
	Enter Florida street address	
-	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	pplete performance of my duties, ut as provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
ī	f Changing Registered Agent, <u>Signatu</u>	re 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
VP	LINSEY DURLING	8176 104th AVE	
		VERO BEACH, FL 32967	
			Change
			□Add
			□Remove
			□ Change
			□ Add
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ective date, if other than the date effective date is listed, the date must be spe te: If the date inserted in this block do nument's effective date on the Departm	es not meet the applicable	te of filing or more than 90 o statutory filing requirem	_ (optional) lays after filing.) Pursuant to 60 ents, this date will not be lis)5.0207 sted as
cord specifies a delayed effective date, s filed.	but not an effective time, a	at 12:01 a.m. on the earli	er of: (b) The 90th day aft	er the
ed APRIL 24	2023			
10HONNI / //	17 IIMI			

Filing Fee: \$25.00