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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co					
South Flor SUBJECT:	ida Mechanical Services, LLC	•			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	BEN ABERNATHY				
		Name of Person			
	SOUTH FLORIDA MEC	HANICAL SERVICES, LLC			
		Firm/Company			
	4701 N FEDERAL HIGH	WAY			
		Address			
	POMPANO BEACH, FL	33064			
	**	City/State and Zip Code			
	BEN@ABKCONSTRUCT				
	E-mail address: (to be used for future annual report notif	ication)	202(Sho	
For further information of	concerning this matter, please c	all:		AUC.	·\$E.
BEN ABERNATHY		305 986-8767		10	
Name o	of Person		: Telephone Number	2020 AUG 10 AM 8: 21 SKUBELAHA (SESSEME	, kan
Enclosed is a check for t	he following amount:			26	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addre	×e-	Stroot Addrace			

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

SOUTH FLORIDA MECHANICAL SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{(04/23/2020)}{(0.001)}$ and assigned Florida document number 1.20000110735 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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
MGR	JAMIE CUMMING		□Add
		2801 FLORIDA AVE #212, MIAMI, FL 33133	= Remove
			□Change
MGR	PETER J. CUMMING	2801 FLORIDA AVENUE #212, MIAMI, FL 33133	= Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if o	ther than the dat	e of filing:				(option	HARAL TO	<u>o</u>	1
Note: If the date in locument's effective	sted, the date must be serted in this block e date on the Depar lelayed effective da	does not mo tment of St	eet the applicate's records.	able statutory	filing require	nents, this d	ate will no	ot be liste	ed as
d is filed.	ierayed effective da	te, out not a	in enective ti	me, at 12.01 a	ти. Од ше са.	ner or. (b)	THE 90th	day arter	, tisc
			2020						
Dated AUGUST 5		<u>()</u> .		_ •					

Filing Fee: \$25.00