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COVER LETTER

Registration Section

TO:

Division of C	Corporations		
	Best Air Conditioning Service L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The analogad Articles	of Amendment and fee(s) are sul	amittad for filing	
		-	
Please return all corre	spondence concerning this matter	to the following:	
	Marc Rodnik		
		Name of Person	
	· Orlando Best Air Conditio	oning Service	
		Firm/Company	,
	2312 Runyon CT		77.5
		Address	20 AL
	Orlando/ FL/ 32837		7020 AUG 21
	marcrodnik@gmail.com	City/State and Zip Code	PP III
	E-mail address:	to be used for future annual report noti	fication) E.C. N
For further informatio	on concerning this matter, please o	all:	200 - 200 - 200 -
Marc Rodnik		405 471-1009 at ()	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fe	or the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Sec	ction
Division of	f Corporations	Division of Cor	porations
P.O. Box 6	327 c, FL 32314	The Centre of T	allahassee e Street, Suite 810
rananasser	on a su Japul LT	2912 N. WIOHIO	e succe, suite ort

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orlando Best Air Conditioning Service LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L20000208330	v were filed on <u>07/17/2020</u>	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
odEx Air Conditioning LLC		
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2020 AUG
Principal office address MUST BE A STREET ADDRESS)		2 E TI
nter new mailing address, if applicable: **Initial Control of the Initial Control of the I		PH 22.7
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vnier i iorida street address	
	, Florida	
	City	Zip Code

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

Title	Name	Address	Type of Action
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			□Remove
			□Change
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