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2021 OCT 38 PM In 49 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Just Chill Air Conn Name of Lin	ditioning and Heating LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael	Name of Person
Just Chill	Air Conditioning and Heating LLC Firm/Company
1701 Wind	ing Oaks Dr., Lot 1A
<u>Orlando</u>	F L 32825 City/State and Zip Code
<u>just chill a</u> E-mail address:	ir and heat @ gmail. com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Michael Nello Name of Person	at (407) 608-9675 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it now appears on our recor

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(17)	fortua clinifica chaothey Company)	
The Articles of Organization for this Limited Liabi Florida document number \perp 2 0000 2 3 $^\circ$	lity Company were filed on <u>Aug</u> 820.	ust 3, 2020 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	reet address
-	Z***	Florida Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Oscar Sauceda	290 Saddleworth Pl	🗹 Add
		Lake Mary, FL 32746	□Remove
			🗆 Change
			Remove
			□Change
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record spe is filed.	cifies a delaye	d effective date,	but not a	an effective	time, at 13	::01 a.m. on	the earlier	of: (b) T	he 90th day at	fter the
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