L20000331820

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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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A. BUTLER

OCT 29 2021

COVER LETTER

TÓ: Registration So Division of Co			
SUBJECT: Just Chill	Air Conditioning and Heating	LLC	
Sobrie I.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Michael Nello	
		Name of Person	
	Just Chill A	air Conditioning and Heating LLC	
	<u></u>	Firm/Company	
	170	Winding Oaks Dr. Lot 1A	
		Address	
		Orlando, FL 32825	
	inel	City/State and Zip Code chillairandheat@gmail.com	
	•	to be used for future annual report noti	Tication)
For further information of	concerning this matter, please c		
Oscar Sauceda		at (407)246-9322	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Just Chill Air Conditioning and Heating I		וכ דיות 1911) P# !2: 41
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appe	ars on our records.)	, 111: 5-41
The Articles of Organization for this Limited Liability C 1.20000231820	Company were filed on _		and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company l	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, enter the name	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida strevt address	
		, Florida	Zip Code
	City		zıр С оле
New Registered Agent's Signature, if changing Registere	d 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
AMBR	Oscar Sauceda	290 Saddleworth Pl	□ Add
		Lake Mary, FL 32746	≡ Remove
			Change
			□Add
			□Remove
		<u> </u>	□ Change
			□Remove
			Change
			□Remove
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(If an eff Note:	ive date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	October 16 2021
	Signature of a member or authorized representative of a member