

11/13/23, 4:28 PM

Division of Corporations

(((H23000392994 3)))

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L20000246235**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159

Phone : (239)777-1028

Fax Number : (877)275-3593

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
OF THE STATE OF  
FLORIDA  
JAN 11 2024

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@LICENSESETC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QUIKSERV AIR CONDITIONING, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$60.00

2023 NOV 13 PM 2:55

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AND  
FILED

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Corporate Filing Menu

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NOV 14 2023

C. Brumblay

**COVER LETTER**

(((H23000392994 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: QUIKSERV AIR CONDITIONING, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**TODD BABBITT**

\_\_\_\_\_  
Name of Person

**LICENSES, ETC., INC.**

\_\_\_\_\_  
Firm/Company

**27911 CROWN LAKE BLVD**

\_\_\_\_\_  
Address

**BONITA SPRINGS, FL 34135**

\_\_\_\_\_  
City/State and Zip Code

**SUPPORT@LICENSESETC.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TODD BABBITT**

**239 777-1028**

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

**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

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

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AND  
FILED  
2023 NOV 13 PM 2:55

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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