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Y. SCOTT  
DEC - 4 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL YEAR RESTORATION 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:

ARPAD FURCSA

Name of Person

CHILL OUT AIR HVAC AND PROPERTY MAINTENANCE LLC

Firm/Company

436 WINDMILL PALM CIRCLE

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

allyearairllc@gmail.com

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

For further information concerning this matter, please call:

ARPAD FURCSA

407

409-6165

at ( )

Name of Person

Area Code

Daytime Telephone Number

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL YEAR RESTORATION 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 10/02/2020 and assigned  
Florida document number L20000312106

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CHILL OUT AIR HVAC AND PROPERTY MAINTENANCE LLC

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)**

436 WINDMILL PALM CIRCLE

ALTAMONTE SPRINGS, FL 32701

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

436 WINDMILL PALM CIRCLE

ALTAMONTE SPRINGS, FL 32701

**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:

ARPAD FURCSA

New Registered Office Address:

436 WINDMILL PALM CIRCLE

*Enter Florida street address*

ALTAMONTE SPRINGS

Florida

32701

*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 Changing Registered Agent, Signature of New Registered Agent

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>
MGR	ARPAD FURCSA	436 WINDMILL POND CIR	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CSABA OSZLANCZI	3844 CORONA CT	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KRISZTIAN JOZSEF KISS	909 BOULDER DR	<input checked="" type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input checked="" 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

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TALLAHASSEE, FL

11/01/2021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/1/2021

Signature of a member or authorized representative of \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**