LECCO 338485

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT: <u>Mai</u>	ne - Air Name of I.	Repair Limited Liability Compa	<u>Service</u>	LLC
The enclosed Articles of A	amendment and fee(s) are s	submitted for filing.		
Please return all correspon	dence concerning this man	ter to the following:		
	Romain	e Willi	iams	
		Marie Or Feld	VII	
		Firm/Compa	ny	
	3475	Pinewalk Address	DR N	df1 204
	<u>Margale</u>	City/State and Zip	38063 Code	·
	Maine ai	s: (to be used for future	annual report notification	on)
For further information co	ncerning this matter, pleas	e call:		
homaine Name of	Person	at (754 Area Coo		SlO+ ephone Number
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		•	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S			<u>reet Address:</u> egistration Section	n
Division of Co			ivision of Corpora	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maine - Hir P	Repair Dervice LLC
(Name of the Limited Liabili (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Maine Air Coolina	and Heating LLC
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	(ESS)
	$\mathcal{F}_{\mathcal{C}}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	d 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:	<u> </u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	1 September 02. 2024.
	Signature of a member or authorized representative of a member
	Romaine Williams Typed or printed name of signer