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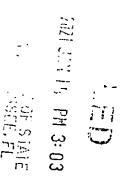
(Requestor's Name)
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COVER LETTER

TO: Registration Sectorial Division of Corp.			
SUBJECT: DQVE	Scott's Heat	ited Librolity Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Arthur Do	wid Scott Name of Person	
	Dave Scott's	Heating and Air	
	3036 Henrey	Address	
		City/State and Zip Code GMai CDM o by used for future annual report notil	
For further information cor	E-mail address; (t neerning this matter, please ca		ication)
Arthix David	ScoH ² erson	at (<u>9</u> 64_) <u>237 - S</u> Area Code Daytime	7964 e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.))
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/13/2020	and assigned
Florida document number <u>L 2000391661</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ie name of the new registero
agent and/or the new registered office address here:		
		SSS.
Name of New Registered Agent:		Mar in the second
New Registered Office Address:	F . (2) . (1)	
	Enter Florida street address	μ, ω
	, Flori	ida = Zip Code
	City	гір Соас

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
AMBR	Eli Jacon Herner	2146 Minorcan St. Middleburg, FL 32068	X Add
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			□Change
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			Change

D. If amendi	ing any ot	ther info	ormatio	n, ente	r chang	ge(s) here	e: (Attach	additie	onal shee	ets, if nec	essary.)	
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	re date is list ne date inse	ted, the dat erted in th	te must be his block	e specific c does n	and cannot not meet t	the applica	able statuto				onat) filing.) Pursuant to s date will not be	
If the record sp record is filed.	ecifies a de	elayed eff	fective d	ate, but	not an e	ffective ti	me, at 12:0)1 a.m. (on the ear	rlier of: (h) The 90th day	after the
Dated	11/208	<u> </u>	χιαζ	1 kg	Hh Lá	20:21	<u> </u>					
Dated			<u>Ma</u>	Mall ghature	Kom of a memb	Der or autho	orized repres	sentative	of a mem	ber	,	_
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