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T. MATTHEWS MAR 14 2022

COVER LETTER

TO: Registrat Division (ion Section of Corporations	•		,4	• .	
SUBJECT:	Rapid	Respons Name of Limite	d Liability Company	P Aid	(snditioning	1 LLC
The enclosed Artic	eles of Amendment a	nd fee(s) are subm	itted for filing.			
Please return all co	orrespondence concer	ning this matter to	the following:			
		Francis	13 R. lart Name of Person	·,ua		
			Name of Person			
			Firm/Company			
	/	113 61a	Address			
		Winter	Haven FL City/State and Zip Code	33 <i>PP4</i>		
For further informs	ation concerning this		be used for future annual i	eport notification)	
		·				
F(m	Name of Person	(1)	at (<u>86)</u>) Area Code	Daytime Telepl	hone Number	
Enclosed is a check	k for the following a	nount:				
₺ \$25.00 Filing		Filing Fee & cate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing A</u> Registra	Address:		<u>Street Ad</u> Registra	Idress:		

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rapid Response	Heating & Air d Liability Company as it now appears on a A Florida Limited Liability Company)	baditishing	<u>-3 1</u> 211 4 3: 16
(Name of the Limited	1 Liability Company as it now appears on a A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>レン10000ン</u> よ好		1/202/	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		ls, enter the name of	the new registered
Name of New Registered Agent:	Francisio A.	laccion	
New Registered Office Address:	Francisio A 113 Great Rd Enter Florida su	eet address	
	Winter Haven	Florida <u>F</u> Z	33PJY Up 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>	Name	Address	Type of Action
MGR	Flsie R. Pelez	113 Grant Rd.	□ Add
		Winter Haven, FL. 33884	Remove
			□Change
AMBR	Francisio R. Carrion	113 Grant Rd	EAdd
		Winter Haven FL 3388	PS □Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Changa

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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5 5 cc	
(lf an ef <u>Note:</u>	ive date, if other than the date of filing:
f the 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 led.
Dated	<u>2/18</u> . <u>2023</u> .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee