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	XX	РНОТОСОРУ	
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	xx	FILING LI	LC AMEND
1.		SWABY'S HEATING AND AIR	R OF PALM BEACH, LLC
		(CORPORATE NAME AND DOCUMENT #)	1
2.		(CORPORATE NAME AND DOCUMENT #)	
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COVER LETTER

TO: Registration Section of Control			
	eating and Air of Palm Beach,	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scott Spurlock		
		Name of Person	
	Swaby's Heating and Air o	f Palm Beach, LLC	
		Firm/Company	
	220 Pasco Terraza Unit 20	7	
		Address	
	St. Augustine, FL 32095		
	spurlock2203@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Scott Spurlock		904 5408898 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Cl \$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

Swaby's Heating and Air of Palm Beach, LLC		
(<u>N</u> ame of the <u>Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our r ned Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp.		and assigned
Florida document number2\ &\circ	0028386	
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		, ra
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>e</u>	
Name of New Registered Agent:		SET OF O
	·	Tri d
New Registered Office Address:	Enter Florida street a	ddress
	City	_, Florida 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
MGR	Scott Spurlock	220 Paseo Terraza Unit 207, St. Augustine, FL 32095	Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ 🗀 Add
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ffective date, if other that an effective date is listed, the date inserted in to cument's effective date on	te must be specific a his block does not	ind cannot be prior t meet the applica	o date of filing or n ble statutory filir	nore than 90 days aff	tional) er filing.) Pursuant to his date will not be	605.0207 listed as
record specifies a delayed ef	fective date, but n	ot an effective til	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
is filed.						
is filed.		2021				
is filed. 3/24 ated	un las h	2021	_ ·			
is filed.	unlock Signature of	2021	rized representative	of a member		_

Filing Fee: \$25.00