

L210000 30287

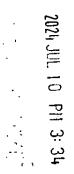
(Requestor's Name)
	Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
_	

Office Use Only



800432267398

07/10/24--01028--024 4425.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AN MICS HVACULC 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:	
Michael Simpson Name of Person	
Air Medics HVAC LCC Firm/Company	
116 Portugal CV Address	
Valparais V 52500 City/State and Zip Code Mikayla Daymedi C - hvac. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mikayla Simpson at (850) 714-7181 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

fiv hedics HV	ACUC		00 01 01 01 00 00 00 00 00 00 00 00 00 0	rde A		
(Name of the Limits)	d Liability Compar A Florida Limited L	iability Compan	cars on our record	<u>us.</u>)		
The Articles of Organization for this Limited Lia Florida document number <u>L200003</u>	bility Company	were filed on	1 13/2	LOLI	_ and assi	gned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	NIA					
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company." th	e designation "LLG	C" or the abbre	riation "L.I	C."
Enter new principal offices address, if applica	ble:			 		
(Principal office address MUST BE A STREET	ADDRESS)	1	IA		202	_
			(1)	<u> </u>		<u>;</u> ;
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	- 1	 		<u>ဥ</u> မှ	
				·-:	<u>- <u>:</u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		iddress on ou	r records, <u>ente</u> i	r the name o	f the new	registered
Name of Nav Registered Agent:	Micha	UT'	Simpson	<u> </u>		
New Registered Office Address:	116 Por	tugal JEnter 1	Torida street addre	255		
	Valpar	<u>air</u>	, F	lorida <u>32</u>	S 8 C	<u>) </u>

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

(If an o <u>Note</u>	tive date, if other than the date of filing: (optional) frective date is listed, the date must be specific and cannot be prior to flate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records
If the record is	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.
Date	'AMMA
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00