LZ1000031177

(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:				





300426175113

03/25/24--01020--014 **25.00





COVER LETTER

TO: Registration Se Division of Cor				
ALFRED A	AIRCONDITIONING LLC			
SUBJECT:	Name of Lim	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:		
	ALFRED MACSAUD			
		Name of Person		
ALFRED AIRCONDITIONING LLC				
Firm/Company				
3280 SPANISH MOSS TERRACE SPT 103				
		Address		
	FT LAUDERDALE FL 33319			
	City/State and Zip Code			
	ALFREDAIRCONDITION			
	•	to be used for future annual report notification)		
For further information c	concerning this matter, please c	all:		
ALFRED MACSAUD		954 868-9384 at ()		
Name o	of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing fee. & Certified Copy (additional copy is enclosed)	9529	
Mailing Address:		Street Address:	لنسيا	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee		
rananassee,	CL 02314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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	LOUISUIS JOSEPH	3280 SPANISH MOSS TERRACE APT 103	= Add
		FT LAUDERDALE FL 33319	□Remove
			□Change ·
			□Add
			□Remove
			Change
			□Add
		·	□Remove
			□ Change
			□Add
			□Remove
			Change
		ALL	ARCHON ACCOUNTS
		ANSSEE, FL	25 AHChange D
			□Remove
			□Change