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DIVISION NECE/VED

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	HVAC SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin D. O'Brien, Jr.		
		Name of Person	
		Firm/Company	
	Post Office Box 1357		
		Address	
	Auburndale, Fl. 33823		
		City/State and Zip Code	
	obriens.hvac.solutions@gm		
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
Kevin O'Brien		863 709-3900 at ())
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address Registration	
Division of C		Division of C	
P.O. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7. 10 77 7:14

O'BRIEN'S HVAC SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed	on 01/26/2021	and assigned
Florida document number <u>L21000048469</u>	······································		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	any here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		·
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the nan	ne of the new registered
Name of New Registered Agent:	Kevin O'Brien		
New Registered Office Address:	171 Avery Drive East		
	E	nter Florida street address	
	Auburndale	, Florida <u>3</u> 3	3823
	City		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 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>	<u>Name</u>	Address	Type of Action
AMBR	Kevin D. O'Brien, Jr.	Post Office Box 1357	= Add
		Auburndale, Ft. 33823	□Remove
			□Change
AMBR Gary Eldridge	1083 Sunshine Way	□Add	
	Winter Haven, FL 33880	≡Remove	
			Change
		□Add	
		□ Remove	
			Change
		_	□Add
		Remove	
		Change	
		□ Add	
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an ef ote:	ive date, if other than the date of filing:
	rd 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
l is fi	icu.
ated	August 13 2001
	Signature of a member or authorized representative of a member
	Kevin D. O'Brien, Jr.
	NOTE DO CONTROL OF CON

Filing Fee: \$25.00