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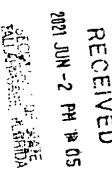
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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COVER LETTER

TO: Registration Se Division of Cor			
WAYPOIN	FT AIR CONDITIONING LLC	<u>;</u>	•
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:	
	DAVID T. COLBY		
		Name of Person	
		Firm/Company	
	10939 LEE STREET		
		Address	
	TAMPA, FL 33610		
		City/State and Zip Code	
	TELLNOTAILSCHARTER	-	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
DAVID T. COLBY		813 380-8269 at ()	
Name o	f Person	Area Code Daytii	me 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

WAYPOINT AIR CONDITIONING LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on MARCH 31, 2021	and assigned
Florida document number <u>L21000150630</u>	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
N/A		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	. 22
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		2
Enter new mailing address, if applicable:		- E - C
(Mailing address MAY BE A POST OFFICE BOX)		- 151 G
		<u> </u>
	and affirm address on our passands art on the no	ma of the non-registers
B. If amending the registered agent and/or registe agent and/or the new registered office address here		inte of the new registere
-		
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida street address	
	, Florida	
	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 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>	<u>Address</u>	Type of Action
AMBR	DAVID T COLBY	10939 LEE STREET	■Add
		TAMPA, FL 33610	
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
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iote:	ve date, if other than the date of filing:
recor Lis fil	I 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 ed.
ated	June 2 . 2021. Delta J. College Signature of a hiember of a unthorized representative of a member
	Jan J. College

Filing Fee: \$25.00