Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

**Enter the email address for this business entity to be used for future

Email Address: INFO@ACTIVATEMYLICENSE.COM

annual report mailings. Enter only one email address please.**

<u>ဗ</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEARTS HEATING AND AIR CONDITIONING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 18139325244

Fax: (850) 617-6383

Page: 3 of 6

12/13/2021 3:45 PM

COVER LETTER

(((H210004535353)))

TO: Registration Section Division of Corporations

SUBJECT: HEARTS HEATING AND AIR CONDITIONING LLC

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:

ANDREA SPAS
Name of Person
CONTRACTORS REPORTING SERVICE INC
Firm/Company
13795 N NEBRASKA AVE
Address
TAMPA, FL 33613
City/State and Zip Code
info@activatemylicense.com
F-mul address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA SPAS

932-5244

Name of Person

Arça Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status □ S55.00 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

Fax: 18139325244

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Fax: (850) 617-6383

Page: 4 of 6

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HEARTS HEATING AND	AIR CONDITIONING LLC	on our engagle)
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	9 22 22 22 22 22 22 22 22 22 22 22 22 22
The Articles of Organization for this Limited L Florida document number L21000161403	iability Company were filed on 4/7/	第 ₂ C
This amendment is submitted to amend the following	owing:	是の一
A. If amending name, enter the new name of	of the limited liability company her	1
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, enter the name of the new registered
Name of New Registered Agent:	Charles L. Roberts II	
New Registered Office Address:	6610 Stafford Terrace Ave.	
	Enter Flori	la street address
	Plant City	, Florida <u>33565</u>
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register	ed agent and agree to act in this c	apacity. I further agree to comply with the

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.

Charles L Roberts II

If Changing Registered Agent, Signature of New Registered Agent

From-	Andrea	Seas

MGR = Manager

Fax: 18139325244

To:

Fmx: (850) 617-6383

Page: 5 of 6

12/13/2021 3:45 PM

Change

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and <u>address of each person_being added or removed from our records</u>:

(((H21000453535 3)))

	Authorized Member	Addross	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
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		44.04	□Add
			□ Remove
			□Change
			[]Add
			Remove

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Charles L. Roberts 11		ceifies a delayed effective date, but not	an effective time, at	2:01 a.m. on the earli	er of: (b) The 90th d	ay after t	lie
Signature of a member or authorized representative of a member	Dated 12	13	2021				
Signature of a member or authorized representative of a member			Juntes L Robe	£ 11			
		Signature of a	member or authorized re	presentative of a membe	r		