5/26/2021

Division of Corporations

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.

(((H21000210490 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Fax Number

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159 Phone : (239)777-1028 : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _	SUPPORT@LICENSESETC.COM	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HVAC HEROES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00



COVER LETTER

(((H21000210490 3)))

HVACTIE	ROES, LLC		
CT:	Name of Limi	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub-	Name of Person FC., INC. Firm#Company N LAKE BLVD SUITE 211 Address INGS, FL 34135 City/State and Zip Code CENSESTC.COM all address: (to be used for future annual report uniffication) er, please call: at (239 777-1028 Area Code) Daytime Telephone Number at: g Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) StreetAddress: Registration Section Division of Corporations	
cturn all correspo	ndence concerning this matter	to the following:	
	CHEROES, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: LISA ADAMS Name of Person LICENSES, ETC., INC. Firm/Company 27911 CROWN LAKE BLVD SUITE 211 Addness BONITA SPRINGS, FL 34135 City/State and Zip Code SUPPORT@LICENSESETC.COM E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: Same of Person Area Code Daytine Telephone Number Soft the following amount: Fee Sign of Status Certificate of Status Certificate Copy (additional copy is enclosed) address: tion Section To of Corporations x 6327 The Centre of Tallahassee		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	pany S Zip Code Te annual report notification) 777-1028 Code Daytime Telephone Number Ling Fee & □ \$60.00 Filing Fee. Copy Certificate of Status & Certified Copy radditional copy is enclosed) StreetAddress: Registration Section Division of Corporations
	LICENSES, ETC., INC.		
		Firm/Company	
	27911 CROWN LAKE BI	LVD SUITE 211	
		Address	
	BONITA SPRINGS, FL 3	4135	
		•	
			(fivotion)
her information c			meanta)
DAMS			
Name o	f Person	Area Code Daytin	ne Telephone Number
d is a check for th	ne following amount:		
.00 Filing Fee		Centified Copy	Certificate of Status & Certified Copy
			ection
Division of C	orporations	Division of Cor	rporations
			Tallahassee ne Street, Suite 810
	Division of Cor HVAC HE T: osed Articles of eturn all correspondent all correspondent all correspondent are considered as a check for the constant of the constant all correspondent are constant as a check for the constant are constant as a check for the check	DAMS Name of Person Lisa and fee(s) are substituted and fee(s) are substi	Division of Corporations IIVAC HEROES, LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. name of Person LISA ADAMS Name of Person LICENSES, ETC., INC. Firm/Company 27911 CROWN LAKE BLVD SUITE 211 Address BONITA SPRINGS, FL 34135 City/State and Zip Code SUPPORT@LICENSESETC.COM E-mail address: (to be used for future annual report nor her information concerning this matter, please call: DAMS Name of Person To Status Name of Person Area Code Daytin MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations Division of Corporations

Tallahassee, FL 32303

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021-05-26 20:55:03 UTC

(((H21000210490 3)))

HVAC HEROES, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny a <u>s it now appears on our records.)</u> inbility Company)		
The Articles of Organization for this Limited Liability Company Florida document number 121000169356	were filed on 04/12/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		2021 HAY 26 NECANESARY NELIAHASSE	
(Mailing address MAY BE A POST OFFICE BOX)		F _C	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the n</u>	7: 0	
Name of New Registered Agent:			
New Registered Office Address:	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and La provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is	
If Char	nging 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: (((H21000210490 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	ALBERTO S. MACEO	7809 SW ELLIPSE WAY UNIT D-6	🖸 Add
		STUART, FL 34997	■Remove
			🗖 Add
			🗀 Remove
			Change
			□Add
			□ Change
			□Add
			□Remove
			Change
			□Add
			🗀 Remove
			
			□Remove
			□ Change

Page: 7 of 7

((((H	21	000	21	049	30	3)))
----	-----	----	-----	----	-----	----	------

•			
· · ·			
			
		 	
fective date, if other than the date	e of filine:	(optional)	
on attactive data is beteal. The date traist by s	loes not meet the applicable statutory filing requir	90 days after tiling.) Pursuant to 605.0 rements, this date will not be listed	0207 (3 d as th
		a Automorphis	
	e, but not an effective time, at 12:01 a.m. on the e	arlier of (b) The 90th day after t	≝2¶;
is filed		LA:	:=]3:
MAY 26TH	2021	ā.	2021 MAY 26
ated	 	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Y 26 M⊧
			?
Sign	lature of a member or authorized representative of a me	mber 55	
		84 66 c	7: 1
	Typed or printed name of signee		_