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COVER LETTER

TO:

	egistration Sec ivision of Corp						
		BERRIOS TECH HO	OME SERVICE LLC				
Name of Limited Liability Company							
The enclos	ed Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please retu	ım all correspon	dence concerning this matter	to the following:				
			LUIS BERRIOS				
			Name of Person				
			Firm/Company				
		750	DENW FARNSWORH CIR				
		-	Address	·			
		POR	RT ST LUCIE, FL 34987				
		118.01	City/State and Zip Code ENEZ_TAX@HOTMAHCOM				
			to be used for future annual report n				
For further	information co	ncerning this matter, please ea	aff:				
I.	UIS BERRIOS		561	876-5484			
	Name of	Person	at () Area Code Dayt	ime Telephone Number			
Enclosed is	s a check for the	following amount:					
¥ \$25.00	Filing Fee	El \$30.00 Filing Fee & Certificate of Status	(2 \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Address:</u> Registration Section		Street Address: Registration S					
Division of Corporations			Division of Corporations				
P.O. Box 6327 Tallahassec, FL 32314			The Centre of Tallahassee				
			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERRIOS TECH HOME SERVICE I.				
(<u>Name of the Limited</u> (A	Liability Company as it Florida Limited Liability	now appea Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number		iled on	June 6, 2021	and assigned
his amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability co	mpan <u>y h</u>	ere:	
THERMO STAT AIR CONDITIONING LLC				
he new name most be distinguishable and contain the word	ls "Limited Liability Com	pany," the c	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7501 N	W FARNSWORTI	l CIR
Principal office address MUST BE A STREET .	ADDRESS)	PORT	ST LUCIE, FL 349	87
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or registered and/or the new registered office address b	istered office addres	PORT ST LUCIE, FL 34987 SAME ABOVE STATE		
Name of New Registered Agent:	LUIS BER	RIOS		
New Registered Office Address:	7501 NW FAR2	SWORTI	I CIR	
		Enter Flo	rida street address	
	PORT ST L	JCIE	Florid	
•	Cit	ı'		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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE LLC NAME E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. 2024 Dated _____ Signature of a member or authorized representative of a member