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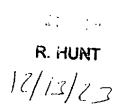
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## **COVER LETTER**

TO: Registration Se Division of Cor		<b>,</b>	
PETE'S AI SUBJECT:	R CONDITIONING AND REI	FRIGERATION, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANK DUARTE		
	_	Name of Person	
	PETE'S AIR CONDITION	NING AND REFRIGERATION, LLC	
		Firm/Company	
	136 N FRESNO AVENUE	3	2023
		Address	DEC
	HERNANDO, FLORIDA	34442	$\frac{1}{\omega}$
	DEEK777@GMAIL.COM	City/State and Zip Code	2023 DEC 13 PM 12: 40
	E-mail address: (	to be used for future annual report notific	ation) to
For further information c	oncerning this matter, please ca	all:	
FRANK DUARTE		352 476-2399 at ( )	
Name of Person		Area Code Daytime	l'elephone Number
Enclosed is a check for th	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 Division of C	Section	Street Address: Registration Secti Division of Corpo	
P.O. Box 632	•	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETE'S AIR CONDITIONING AND REFRIGERATION, LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/08/202}{\text{Elorida document number}}$ .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ANGEL AIR SERVICES & REPAIR, LLC.	. 🙃
The new name must be distinguishable and contain the words "Limited Liability Company," the designati	on "LLC" or the abbreviation "FSC." ≤ c
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH12: 40
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida stre	et address
	, Florida

## 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	Troin our records.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date	the date of filing: must be specific and cannot be is block does not meet the a	prior to date of filing or	more than 90 days after fill	el) ing \ Pireren to 605 0307 .
ment's effective date on the	is block does not meet the a be Department of State's rec	pplicable statutory fili ords.	ng requirements, this d	ate will not be listed as t
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ord specifies a delayed effe	ctive date, but not an effect	ive time, at 12:01 a.m.	On the earlier of (b)	The Other is a second
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MOVEMBER 20	A 2023		• •	
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	معبد <i>الاز</i> برا س			
47	Signature of a member of			