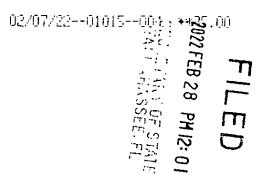
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(Requestor's Name)
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C. BRUMBLEY
P. 2022

COVER.LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Leg	acy Air Condit	ited Liability Company	geration LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	٠
	Kev	Name of Person	RECEIVED
			2022 FEB 28 PM 1: 36
	1338 Rowel	Firm/Company	SECRETARY OF STATE TALLAHASSEE, FL
	Auburndale	FL. 33823 City/State and Zip Code	
	Legacy Air C	to be used for future annual report	9 mail - CoM initication)
For further information c	oncerning this matter, please c	all:	
Kevin Vi	//:Ang f Person	at (<u>?{/3</u>) 585 Area Code Day	- 4782 time Telephone Number
Enclosed is a check for the	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 Address Registration S Division of C P.O. Box 632	Section Corporations 7		Section
Tallahassee, l	FL 32314	2413 N. MOI	noe succi, sunc aro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Air Conditioning (Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L220001915</u>	ompany were filed on $1/10/2022$ and assigned 1.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Legacy Air Conditioning and Re-	frigeration LLC ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>N/A</i>
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Dadd
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	$\frac{2}{23/22}$
	K: 2:
	Signature of a member or authorized representative of a member
	Zev.n V://:ams Typed or printed name of signee
	Typed or printed name of signee