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2022 MAR 14 AM11: 15

SECRETARY OF STATE
TALLAHAS SEF E

A. BUTLER MAR 2 8 2022

COVER LETTER

Division of Corp	orations	٠		
J Air Conditi	oning ELC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Dillon D. Sherman			
		Name of Person		
	J Air Conditioning LLC			
		Firm/Company		
	2991 35th Ave. NE			
	* * * * * * * * * * * * * * * * * * * *	Address	 -	.
	Naples, FL			
		City/State and Zip Code		
	Dillondsherman@gmail.com			
		to be used for future annual re	eport notification)	
For further information co	ncerning this matter, please c	all:		
Dillon D. Sherman		407 346-	-2883	
Name of	Person	Area Code	Daytime Telephor	ne Number
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	dress:	

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 MAR 14 AM II: 15

J Air Conditioning LLC		SEC	RETARY OF STATE
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	DAHASSEE, FL
he Articles of Organization for this Limited I	Liability Company	y were filed on 1/10/22	and assigned
lorida document number L22000020064			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited lial	oility company here:	
/a			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	n/a	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:	nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
. If amending the registered agent and/or		address on our records, ente	r the name of the new registe
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	n/a		
	 n/a		
New Registered Office Address:		Enter Florida street addre	
		**	124-
		, F	lorida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

J Air Conditioning LLC

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>	Address	Type of Action
MGR	Dillon D. Sherman	2991 35th Ave., NE, Naples, FL 34120	■Add
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			□Add
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March 11 2022					
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Signature of a member or authorized representative of a member	Robert &	Jerjesen	· · ·		
	1	signature of a member or auth	iorized representative of	a member	

Filing Fee: \$25.00