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STOREWAY OF STATE

A. BUTLER MAR 2 8 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

CLUBICOT	RITZ HVAC LLC		
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRITZ DORSAINT		
		Name of Person	<u>. </u>
	FRITZ & FRITZ HVAC I	LLC	
		Firm/Company	
	2541 NW 39TH TER, AP	T 202	
		Address	
	LAUDERDALE LAKES,	FL 33311	
	-	City/State and Zip Code	
	fritzdorsaint0@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
FRITZ DORSAINT		954 225-0812	
Name o	Z DORSAINT 954 225-0812 at () Name of Person Area Code Daytime Telephone Number		e Telephone 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 P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations Pallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FRITZ & FRITZ HVAC LLC

2022 MAR 14 AM 7: 25

(A Florid	la Limited Liability Company)	TALE WAY OF STATE
Γhe Articles of Organization for this Limited Liability (Company were filed on 02-16-	TALLAHASJEE and assigned
Florida document number L22000077301	company were med on	und ussigned
	·	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
	- <u></u>	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
Principal office address MUST BE A STREET ADD	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· <u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	yl affice address an our recai	rds, enter the name of the new regist
gent and/or the new registered office address here:	tu office auditess on our recor	enter the name of the new region
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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 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
MGR	FRITZ DORSAINT	2541 NW 39TH TER, APT 202	= Add
		LAUDERDALE LAKES, FL 33311	□ Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
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ective d	ate, if other	than the da	ate of filin	ıg:			(optional)		
i effective	date is listed, th	ne date must be	e specific and	d cannot be	prior to date o	of filing or mor	e than 90 days	safter filing.)	Pursuant to 60	05.020
<u>te:</u>	date inserted effective date	in this bloci on the Depa	c does not t artment of !	meet the ap State's rece	opticable sta ords.	tutory ming	requirement	s, this date i	viii not be iis	ned a
cord spe	cifies a delaye	d effective c	late, but no	t an effecti	ve time, at 1	2:01 a.m. or	the earlier	of: (b) The	90th day aft	er the
s filed.										
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Typed or printed name of signee