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SECRETARY OF STATE

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## **COVER LETTER**

TO:

TO: Registration So Division of Co			
SUBJECT: AN	M- + Comfort He	which and Air condition	
SUBJECT:AM	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	About Comfort Heating and Air Conditions Use Name of Limited Limbility Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:    Schma		
Please return all correspo	Since concerning and matter	to the tone mig.	
		~ \ \	
	_ Sochua Du	Name of Person	
	All About com	But bleating and Air	conditioning
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	2003 Am. V	Wina TCL	
		Address	
		and managemental	
	- POIR CITY	City/State and Zin Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Joshna E	verhort	at (813) 763	-753b
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	<del>-</del>	_
	Certificate of Status		
		(caranana ta <sub>f</sub> , a sama ,	(additional copy is enclosed)
Mailing Addre			ction
Division of C		_	
P.O. Box 633	•	The Centre of T	-
Tallahassee		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

**OF** 

2022 APR 11 AM 6: 41

SECRETARY OF STATE the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on Z	ozz and assigned
Florida document number <u>L22000 voz 322</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	no change	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	no change	needed, leave
	The some	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete	ee to act in this capacity. If, performance of my duties, a	urther agree to comply with th 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	Joshina Dwayne Everbort	2903 Appalation TH police 114 Fl, 33868	<b>X</b> iAdd
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Signature of a member or authorized representative of a member	- 1	,		— <i>//</i>	7	//	1		<u> </u>			

Filing Fee: \$25.00