## L22 000 117-064

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
	Chris Hall	Air Conditioning LLC			
SUBJ	ECI:	Name of Lim	ited Liability Company		tatus &
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Christopher B Hall			
			Name of Person		
		Chris Hall Air Conditionir	ng LLC		
			Firm/Company		
		1052 SW Jacqueline Ave			
			Address		
		Port St Lucie, FL 34953			
			City/State and Zip Code		
		chrishallac@outlook.com  E-mail address: (	to be used for future annual re	port notification)	
For for	rther information c	oncerning this matter, please c			
Christopher B Hall			772 828- at ()	7385	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclos	sed is a check for th	ne following amount:			
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee. Certificate of Statu Certified Copy (additional copy is encl	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris Hall Air Conditioning LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 03/08/2022	and assigned
Florida document number L22000117064		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Chris Hall Services, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		. <u> </u>
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, enter the name	e of the new registere
Name Dagistarial Office Address:		<b>5</b> 6
New Registered Office Address:	Enter Floridar Street address	VLL VHY
<del></del>	, Florida	S 2 P Cody
New Registered Agent's Signature, if changing Registered Agent:		Tight gray
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am f ovided for in Chapter 605, F.S. Or,	et to comply with the initiar with and It this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<b>*</b>	Address	1	Type of Action
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					□Remove
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n effective date is listed, the date muster: If the date inserted in this bl	t be specific and cann					
cument's effective date on the D			. statutory mang	requirements,	mis date will	iot de fisied u
cord specifies a delayed effectives is filed.	e date, but not an e	ffective time.	at 12:01 a.m. of	the earlier of:	(b) The 90th	h day after the
is inva-						
October 30	. 20	)22				
	Christoph	. 211				
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	Signature of a memb			fa member	<del></del>	

Filing Fee: \$25.00