

3/18/23, 3:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

622000133741

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mario@mariosac.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEHS HVAC MARIOS, LLC**

Certificate of Status	0
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2023 MAR 16 AM 9:25

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Electronic Filing Menu

Corporate Filing Menu

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MAR 17 2023

H23000101024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEHS HVAC MARIOS, LLC

(Name of 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 April 1, 2022 and assigned
Florida document number L22000133741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16615 Scheer Blvd

(Principal office address **MUST BE A STREET ADDRESS**)

Hudson, FL

34667

Enter new mailing address, if applicable:

16615 Scheer Blvd

(Mailing address **MAY BE A POST OFFICE BOX**)

Hudson, FL

34667

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mario Zoraja

New Registered Office Address:

16615 Scheer Blvd

Enter Florida street address

Hudson

City

Florida

34667

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

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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>	<u>Type of Action</u>
MGR	Mario Zoraja	16615 Scheer Blvd	<input checked="" type="checkbox"/> Add
		Hudson, FL	<input type="checkbox"/> Remove
		34667	<input type="checkbox"/> Change
MGR	WHITWILD MANAGEMENT, LI	262 4th Ave N	<input type="checkbox"/> Add
		St. Petersburg, FL	<input checked="" type="checkbox"/> Remove
		33701	<input type="checkbox"/> Change
AMBR	Kyle Bobinski	16615 Scheer Blvd	<input type="checkbox"/> Add
		Hudson, FL	<input checked="" type="checkbox"/> Remove
		34667	<input type="checkbox"/> Change
AMBR	Robert Wilder	16615 Scheer Blvd	<input type="checkbox"/> Add
		Hudson, FL	<input checked="" type="checkbox"/> Remove
		34667	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 16, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee