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| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | lress) | |
| (Add | iress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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T. MATTHEWS

JUN 16 2022

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: N.E. AC | AND HEATING LLC Name of Limited Liability Company |
|---|---|
| | Name of Emilion Emiliny Company |
| The enclosed Articles of Amendment and | fee(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to the following: |
| PA | Parthabor Ellis Name of Person - CLEANT ONTHAN Lighting LC Firm/Company |
| 376 | 2 Tamiani Trail Suite B |
| Por | T Charlotte FL. 33952 City/State and Zip Code Otlaw 494949@ Gnail.com |
| 0 | Haw 494949@ Gmail, com |
| E | -mail address: (to be used for future annual report notification) |
| For further information concerning this m | atter, please call: |
| Parthabor Ellis | at (317) 600-1071 |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amo | ount: |
| \$30.00 Filing Fee S30.00 Filing Fee Certificat | ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, te of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TENT THE STATE STA ARTICLES OF ORGANIZATION

OF

22 APR 25 PH 3: 15

| N.E. ALC AND HEATIN | JG LLC | |
|---|--|---|
| N.E. A.C. AND HEATIN (Name of the Limited Liability Compa (A Florida Limited) | inv as it now appears or Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000</u> 154449. | were filed on $3/$ | 30/2022 and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limited liah | ility company bere: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our reco | rds, enter the name of the new registered |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | | |
| | Enter Florida s | treet address |
| | | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code |
| I hereby accept the appointment as registered agent and agen | ee to get in this com | noity I further name to see the 20 st |

nent 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> | <u>Address</u> | Type of Action |
|--------------|--------------------|---|----------------|
| MGR | PARTHABOR ELLS | 286 Fields TERRACE SE. PORT Chirlotte FG 33952 | XAdd |
| | | | □ Remove |
| | | | □ Change |
| NGR | GR DAVID TEMPLETON | 215 SE 315± St. CAPECORAL PC. 33904 | X\Add |
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| my offedd to mee in that | ou, are the mast or special a | peror | | (optional) 90 days after filing.) Pur | suant to 605.0207 (3)(t |
| <pre>lf the date insective</pre> | erted in this block does not date on the Department of | . meet the applicable s State's records. | tatutory filing requi | rements, this date will | not be listed as the |
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| record specifies a de l is filed. | layed effective date, but no | ot an effective time, a | t 12:01 a.m. on the 6 | earlier of: (b) The 90 | th day after the |
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| ated <u>4/19/2</u> | 2022 | _, | | | |
| . , | 2011 - | | | | |
| A | 1 % | | | | |
| A | Signature of | a member or authorized | representative of a me | mber | |
| | Signature of | a member or authorized | representative of a me | Lighting LLC | Authorized |
| DAV | Signature of | a member or authorized ACCUALT Typed or printed nan | representative of a me OUTOOR | Lighting LLC | Authorizeti (CATESONIA) PRESINENT |

Filing Fee: \$25.00