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(((H22000285965 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

To: 18506176383

From:

Account Name : CJP CONSULTINGFL, ELC

Account Number : I20160000015 : (954)391-1214 Phone : (855)461-3581 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVICE NOW AIR CONDITIONING LLC

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Certificate of Status	0
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Corporate Filing Menu

Help

Fax: 8554613581

ТО	* -
ARTICLES OF ORGANIZATION.	
e OF	•
Service Now Air Conditioning ELC	,,
Service Now Air Conditioning CDC (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 6 23/2022 Florida document number 1 22000284709	and assigned
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 aborevi	ation "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 address on our records, enter the name of agent and/or the new registered office address here:	the new registered
Name of New Registered Agent:	* 6 }
New Registered Office Address: Enter Florida street address Florida	PROVE AND PILED
Circ	Xib (🐯)
New Registered Agent's Signature, if changing Registered Agent:	: C

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.

H Changing Registered Agent, Signature of New Registered Agent

Fax: 8554613581

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

Title	Name	Address	Type of Action
MGR	Tory L. Bell	3600 NW 4th St Boynton Beach, FL 33435	≡ Add
			□Remove
			IChange
			_
			Change
			<u> </u>
			∐Change
			□Remove
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Fax: 8554613581

If amending any other informatio	n, enter change(s) here:	tAttach additional sl	ieets, if necessary.)	
				
				
				
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F.ffective date, if other than the (If an effective date is listed, the date mis Note: If the date inserted in this ble document's effective date on the Di	JCK OUCH HOLINGER HE AND HOL		(optional) han 90 days after filing.) Po quirements, this date wi	nstiant to 605,0207 If not be listed as
the record specifies a delayed effective cord is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on t	he earlier of: (b) The	Oth day after the
Dated August 23	2022			
10	Significate of a member of auth	forized representative of	: member	
Tory L. Bell				
	Lyped or prin	ned name of signee		

Filing Fee: \$25.00

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