

L22000Z86213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2022 SEP 13 PM 4:06

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A. BUTLER

SEP 13 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hank's Heating & Cooling, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Jones  
Name of Person

Hank's Heating & Cooling, LLC  
Firm/Company

460 Calico Scallop St.  
Address

Ruskin, FL 33570  
City/State and Zip Code

Christopher1972ac@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Jones at (813) 5387 6457  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Hank's Heating & Cooling, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2022 SEP 10 PM 4:06

DEPT. OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/25/2022 and assigned  
Florida document number L-22000286213

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: \_\_\_\_\_

(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 the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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

[illegible]

[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 September 13, 2022

Signature of a member or authorized representative of \_\_\_\_\_

Christopher Jones  
Typed or printed name of signer

**Filing Fee: \$25.00**

**Florida**  
**Limited (Special) Power of Attorney**

BE IT KNOWN:

That I, Christopher Jones, the **Principal**, with the address of  
460 Calico Scallop St, in the City of Ruskin, State  
of Florida, do hereby appoint Bawana Perry (the **Agent**), with the address  
of 1810 Sherwood Dr, in the City of Tallahassee,

State of Florida, as my true and lawful attorney-in-fact to act for me in any lawful way with respect  
to the following subjects (describe the powers you wish to grant below):

1. submit an amend for Hank's Heating & Cooling, LLC, to add Christopher Jones  
as an Authorized Person with the Division of Corporations.
2. \_\_\_\_\_
3. \_\_\_\_\_

Giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

This designation shall last until (check which terms apply):

- ☒ The task is completed.
- ☐ The \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
- ☐ The Principal's death or revocation.
- ☐ The Principal's incapacity.

# State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of HANK'S HEATING & COOLING, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on June 24, 2022, as shown by the records of this office.

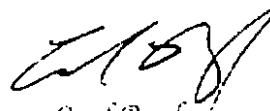
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L22000286213.

Authentication Code: 220625192746-900390012029#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty Fifth day of June, 2022



  
Cord Byrd  
Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7 day of Sept, 2022

Signed, sealed and delivered in the presence of:

Christopher Jones  
Principal's Signature

[Signature]  
Witness

Kathy Kelly  
Witness

### CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF FLORIDA )  
COUNTY OF Sarasota ) ss.

Sworn to (or affirmed) and subscribed before me this 7 day of Sept, 2022, by Christopher Jones, the **Principal**. The affiant is (choose one)

☐ personally known to me, or ☒ produced the following identification: Drivers License

Notary Seal, if any:

[Signature]  
Signature of Notarial Officer

Notary Public for the State of Florida

My commission expires: Aug 4, 2024

