## K22000390249

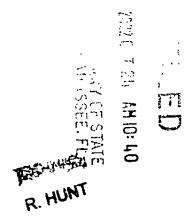
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TÖ:

то:	Registration Se Division of Con						
SUBJE	cr. CHILL	ING&HEATING.LLC					
SUBJE.	CI:		ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Yasmani Diaz				- 1	
			Name of Person		ALLA!	27:27:2	
			Firm/Company		SS141 0 534	01:01 HV 15	į
13331 SW 113 CT.				E.S.	<u> </u>	ŧ	
			Address		걸음	04:	
		Miami, Florida 33	3176		•••	_	
			City/State and Zip Code	•	-		
		yd0977@gmail.c	om to be used for future annual report not	(Gootion)			
For furt	her information o	concerning this matter, please c	•	incation)			
Ro	bert Holko		at ( 704 ) 678-034				
	Name o	of Person	Area Code Daytin	ne Telephone Number	r		
Enclose	d is a check for the	he following amount:					
<b>■ \$25</b>	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectifical Section Sec	ite of Sta Copy	atus &	
	Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 8	310		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHILLING&HEATING.LLC		
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 09/0	07/2022 and assigned
Florida document number <u>L22000390249</u>	_ <del></del> ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Best Home Repairs LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	100 mg
Principal office address MUST BE A STREET AD	DRESS)	
		2517 70 177
Enter new mailing address, if applicable:	N/A	A AH D
• • •	· · · · · · · · · · · · · · · · · · ·	O: FE
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registe gent and/or the new registered office address here		ds, enter the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida :	struat address
	Emer ( tortain	area maaras
	City	, Florida Zip Code
	Ciŵ	гір Соас

## 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 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
AMBR	Robert Holko	100 Willow Run Dr. #15. Gastonia NC 2805	56 
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	ate of filing. N/A		,	• .	
ective date, if other than the date effective date is listed, the date must be:  If the date inserted in this blocument's effective date on the Department.	e specific and cannot be prion k does not meet the appli	cable statutory filing		filing.) Pursuant	
cord specifies a delayed effective of sfiled.	late, but not an effective t	time, at 12:01 a.m. c	on the earlier of: (b	) The 90th day	: after th
September 18  Obut 1	2022	·			
	1 11				
Cabut L	gnature of a member or auth				_

Filing Fee: \$25.00