

L22 000445319

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECY. TALLAHASSEE, FL
TALLAHASSEE, FL

KL
11/22/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CV SERVICE AND REPAIR LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

VELAZQUEZ ESCOBAR, CARLOS
Name of Person

Carlos
Firm/Company

1035 WEST 27TH STREET, APT #4
Address

HIALEAH, FL 33010
City/State and Zip Code

carlos.vescobar0609@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VELAZQUEZ ESCOBAR, CARLOS at (+1) 786-793-7708
Name of Person Area Code Daytime Telephone Number

Enclosed is 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)

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

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

2008 JUN -3 PM 10:07
TALLAHASSEE, FL
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CV SERVICE AND REPAIR 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 12/27/2023 and assigned Florida document number L220000445319.

This amendment is submitted to amend the following:

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

C&H AIR CONDITIONING

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1035 WEST 29TH STREET

APT #4

HIALEAH, FL 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1035 WEST 29TH STREET

APT #4

HIALEAH, FL 33010

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:

VELAZQUEZ ESCOBAR, CARLOS

New Registered Office Address:

1035 WEST 29TH STREET, APT #4

Enter Florida street address

HIALEAH

City


Florida

33010

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

Personnel Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added or removed

MGR = Major
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MATEO LORENZO, HERMES RAFAEL	6270 WEST FLAGLER STREET, APT 013, MIAMI, FL 33144	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Stamp: 3-11-10
Stamp: 11:10:00
Stamp: 11:10:00

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

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2024 JAN -3 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 12/27/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to S.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 27 DECEMBER 2023



Signature of a member or authorized representative of a member

VELAZQUEZ ESCOBAR, CARLOS

Typed or printed name of signee