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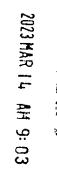
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTHERN COMFORT A/C & DUCT CCC Name of Limited Liability Company
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:
Filibert Bereus
Name of Ferson
Southers Confort A/c & Over ELC Firm/Company
12213 NW 35t ST. Address
CORNE SPRINGS FL 33065 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1-0-11
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \$30.00 Filing Fee & \$\sim \$55.00 Filing Fee & \$\sim \$60.00 Filing Fee.
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabili	+ A C ₹ D U C T ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L. 23000079</u>	Company were filed on	113/23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designat	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(C. 14) (C.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, enter the name of the new registered
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	City	Zıp 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 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>	Address	Type of Action
MGR	Filibert Berrus	12213 NW	□Add
		12213 NW 35th ST.	<u> </u>
		Const SPRINGS, FL	□Change
		33065	□ Add
			□Remove
			□ Change
MER	Filibert Beraus		L⊕Add
		12213 NW 35th ST.	□Remove
		Coest Springs, FL	□Change
		33065	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
•	
•	
(If an ef	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ord is f	
Dated	FEBRUARY 9th 2023. Full but Bessel Signature of a member or authorized representative of a member
	Julb nt Derus
	Tylibert Bereus Typed or printed name of signce

E.D. E. C35.00