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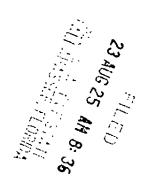
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| Certified Copies | Certificates of Status |
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| Special Instructions to | Filing Officer: |
| | J. HORNE |
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Office Use Only



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July 21, 2023

JEAN ROBERT DORESTIN 2880 44TH SW NAPLES, FL 34116 US

SUBJECT: THE LION A/C SERVICES LLC

Ref. Number: L23000145233

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORTAION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 923A00016344

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: THE LION A/C S. | ERVICES LLC | |
|--------------------------|---|--|---|
| DOCUMENT NUME | BER:BER: | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | DORESTIN, JEAN ROBER | т | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | · ·- · · · · · · · · · · · · · · · · · | Address | |
| | 2880 44TH TER SW NAPL | ES, FL 34116 | |
| | | City/ State and Zip Cod | e |
| | jeando28@yahoo.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, plea | se call: | |
| Jean Robert | | 239 at (| 580-7347 |
| Name o | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ndment Section sion of Corporations Box 6327 shassee, FL 32314 | Amend Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE LION A/C | SERVICES | 1/10 Exp 23 E |
|--|--|---|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on imited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability ConFlorida document number $\angle 23$ | npany were filed on \cancel{D} \cancel{S}_{ℓ} | 122/2023 Fand assigned |
| This amendment is submitted to amend the following: | | 36 2004 |
| A. If amending name, enter the new name of the limite THE LION AC SERVICE The new name must be distinguishable and contain the words "Limited" | 055/10 | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | , , , | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u></u> |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our reco | rds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | street address |
| | City | , Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGK = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-------------|----------------|
| CEO | DORESTIN J. RUBERT | | □Add |
| | | | □Remove |
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| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| n effec <u>te:</u> T | re date, if other than the date of filing: |
| cord s file | 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 d. |
| ed_ | 08-22-2023. |
| | DORFSTIN Sean ROBERT Signature of a member or authorized representative of a member |
| | DORGSIAN Jean ROBGRT Typed or printed name of signee |

Filing Fee: \$25.00