11/6/23, 9:59 AM

Division of Corporations

## Flori dat Department of State Division of Corporations Electronic Eding Cover Sheet

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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
from:		
	Account-Name: S-LLANIO-BUSINESS-SERVICES-INC	
	Account Number : I2020000011	
	Phone : (239)542-9104	
	Fax Number : (239)540-1760	

Email Address: 5. Maniobusiness @ smail. C

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP TIER COOLING AND HEATING\*LLC

Certificate of Status	0		
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. TOP TIER COOLING AND HEATING LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) nability Company)	<u></u>
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L. C."
-		265
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<b>;</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the	name of the new registered
New Registered Office Address:	,,,,,	
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions-of-all-statutes-relative-to-the-proper-and-complete-paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance-of-my-duties,-and-L rovided for in Chapter 605, F.S.	am familiar_with_and Or, if this document is
If Chang	ging Registered Agent, Signature of Ne	w 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:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
MGR	JORDAN JOEL RODRIGUEZ	4514 30TH ST SW	<b>=</b> Add
		LEHIGH ACRES FL 33973	Remove
			Change
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