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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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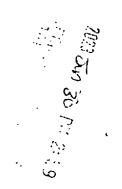


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOPE Heating Name of Limited Liabil	& Cooling LLC ity Company
The enclosed Articles of Amendment and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this matter to the fol	lowing:
Rodrigo A Na	Mayia Garcia
CION FIRE	m/Company
5132 Lahair	Address
rodriva@hot	ate and Zip Code Of for future annual report notification)
For further information concerning this matter, please call:	: ?:
Rodrigo A Ulquia Garcia a	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Ce	5.00 Filing Fee & S60.00 Filing Fee. ertified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the 15 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Ī	ype of Action
AMBR	Name Rodrigo A Ukyvica Garcia	5132 Lahaina Sarasota Bil	DY 34232	-EFAdd
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ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to da s block does not meet the applicable e Department of State's records.		iling.) Pursuant to 605.020
record specifies a delayed effectistiled.	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ated <u>TMR 2</u>	Ω		
	Signature of a member or authorized		

Filing Fee: \$25.00