## L23000284996

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

	on Section f Corporations		e e
AIR A	AMERICA HVAC LLC		
	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are si	abmitted for filing	
	respondence concerning this matter		
		ALBINA IALALOVA	
		Name of Person	
		LOVE ACCOUNTING LLC	
		Firm/Company	<del></del>
		308 SILVER PINE DR	
		Address	
		LAKE MARY, FL 32746	202
		City/State and Zip Code	SECRETAR TALL ARR
	E-mail address:	albinaialalova@gmail.com  (to be used for future annual report notificat	on 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
For further information	on concerning this matter, please		00 T
ALBIN	VA IALALOVA	407 473-1323	1: 53
Nar	ne of Person	at () Area Code Daytime Tel	ephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registratio	on Section f Corporations	Registration Section	
P.O. Box 6		Division of Corpora The Centre of Talla	
	e, FL 32314	2415 N. Monroe Str	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IR AMERICA HVAC LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number 1.23000284996	ity Company were filed on	06/12/2023	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company hero	<u>:</u>	
	A AMERICA HVAC LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			SECR JU
(Mailing address MAY BE A POST OFFICE BOX	<del></del>		
		<u> </u>	FR TVI
	· · · · · · · · · · · · · · · · · · ·		SP 3
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our reco <u>re</u> :	ords, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	<del></del>	Zin 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
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
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Dated <u>JUNE 13</u> <u>2024</u> .  Signature of a member or authorized representative of a member	u is life	м.
Signature of a member or authorized representative of a member		June 13 2024
Signature of a member or authorized representative of a member	Dated _	To do
	Dated _	1 p 4 Po

Filing Fee: \$25.00