Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROGAN'S HEATING AND COOLING LLC

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Certified Copy	1
Page Count	06
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K. SALY MAR 15 2024 Registration Section

TO:

# COVER LETTER

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Div	ision of Cor	porations				
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SUBJECT:	<u></u>	<u>··</u>				
The enclosed	d Articles of .	Amendment and fee(s) are subn	nitted for tiling.			
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		nbroganheatingandeooling@	City/State and Zip Code		,	. •
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Cheyenne M	loseley		800 773-088	38	• •	•
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□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	0 Filing Fee, ifficate of Status & iffed Copy ional copy is enclosed)	re in a
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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STREET/COURIER ADDRESS: ...

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Brogan's Heating and Cooling LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/01/2023 and assigned Florida document number L23000410389 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brogan's Health Advisory LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I..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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

To:

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

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