Division of Corporations

Department of State

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.

(((H23000407417 3)))



H230004074173ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

info@activatemylicense.com Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COL-AIR HEATING & COOLING AIR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

1/1

COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: COL-AIR HEATING & COOLING AIR, LLC							
Name of Limited Liability Company							
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.					
Please return all correspon	dence concerning this matter t	to the following:					
	JANINE SKIPPER						
		Name of Person					
	CONTRACTORS RE	EPORTING SERVICE INC					
		Firm/Company					
23110 SR 54, PMB 336							
Address							
	111T7 Et 22640						
LUTZ, FL 33549 City/State and Zip Code							
info@activatemylicense.com							
	E-mail address: (to	o be used for future annual report notification)					
For further information concerning this matter, please call:							
JANINE SKIPPER		813 932-5244					
Name of	Person	Area Code Daytime Telepho	one Number				
Enclosed is a check for the following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

11/29/2023 9:50 AM 7 3)))

DocuSign Envelope ID: 02BF1E64-4845-4408-B817-7638D40C7B30 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	COOLING AIR, LLC by as it now appears on our reco biobility Company)	rds,)
The Articles of Organization for this Limited Liability Company	were filed on 10/9/2023	and assigned
Florida document number <u>L23000465091</u> .		
This amendment is submitted to amend the following:		
	lity company here:	
COLAIR HEATING & COOLING, LLC The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	.C" 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)		ಬ
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: New Registered Office Address:		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street add	russ
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street add	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street add	russ

If Changing Registered Agent, Signature of New Registered Agent

From: Jamine Shipper Fax: 18139325244 To: Div of Corps -LLC Fax: (850) 617-6383 Page: 5 of 6 11/29/2023 9:50 AM 7 DocuSign Envelope ID: 02BF1E64-4B45-4408-B817-7638D40C7B30 namending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added .73)))

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Remove
			□Change
			🗆 🖊 dd
			Remove
			☐ Change
			🗆 🖊 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			Петюче
			∏(hange

Page: 6 of 6

From: Janine Skipper

Fax: (850) 617-6383