

L240000820 50

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(Business Entity Name)

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2024 APR 30 AM 11:55  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

04/29/2024 11:55 AM

RECEIVED  
2024 APR 20 AM 11:44  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GUARDIAN HVAC LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Kavanaugh

Name of Person

Guardian HVAC LLC

Firm/Company

2061 Emerson St. # B

Address

Jacksonville FL 32207

City/State and Zip Code

alex@getcoolhvac.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Kavanaugh

Name of Person

at (904) 577-6533

Area Code

Daytime Telephone 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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 APR 30 AM 11:55

2024 APR 30

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GUARDIAN HVAC 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 2/15/24 and assigned Florida document number ~~1220~~ L24000082050

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)

2061 EMERSON ST. 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13613 Capistrano Dr S.  
Jacksonville FL 32224

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:

Alex Kavanaugh

New Registered Office Address:

2061 Emerson St. # B

Enter Florida street address

Jacksonville, Florida 32207

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:


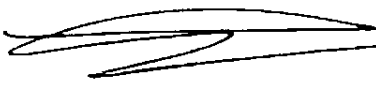
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.*

Alex Kavanaugh  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ROBERT LAPUSCHANSKY III</u> 	<u>2535 JOE ASHTON RD 32092</u>	<input type="checkbox"/> Add
		<u>ST. AUGUSTINE, FL, 32092</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ROBERT LAPUSCHANSKY II</u> 	<u>291 ORANGE AVE 32259</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE, FL, 32259</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2024 APR 30 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRET  
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MAIL ROOMS  
STATE

E. Effective date, if other than the date of filing: 4/30/24 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 30th 2024



ROBERT KAPUSCHANSEY. III

Typed or printed name of signee