L24000112208

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COVER LETTER

	Registration So Division of Cor			•	
empre		MASTER COOLING & HEAT	TING LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ADRIAN ALSINA			
			Name of Person		
		AIR PRO MASTER COO	LING & HEATING LLC		
			Firm/Company		
		3008 3RD ST W			
			Address		
LEHIGH ACRES, FL 33971					
			City/State and Zip Code		
			NGANDHEATING@GMAIL.CO to be used for future annual report no		
For furthe	er information c	oncerning this matter, please c	·	Arrication	
	N ALSINA	.	786 250-8234		
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Malling Addres		Street Address:		
	Registration S Division of C		Registration S Division of Co		
1	P.O. Box 632	7	The Centre of	Tallahassee	
•	Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, t.

AIR PRO MASTER COOLING &		_	
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L24000112208		y were filed on FLORIDA	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
NONE			
he new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NONE	
Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		NONE	
Mailing address MAY BE A POST OFFICE	<u>вол</u> у		
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered offico ss here:	e address on our records, <u>s</u>	enter the name of the new registe
Name of New Registered Agent:	NONE		
New Registered Office Address:		Enter Florida street	address
			. Florida
		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.

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>	Name	Address	Type of Action
AMBR	TANIA T MIRANDA	1011 ANZA AVE	
		LEHIGH ACRES, FL 33971	
			□Change
			Remove
			□Change
			⊡Add
			□Remove
			©Change
			□Add
			☐ Change
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			Remove
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fect	ive date, if other than the date of filing: O8/26/2024 (optional)
n cf	ective 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 605.020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
, , , , , ,	Cin o Circums and Cin man and
	or a state of the continue of
eco is fi	d 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
18 11	ica.
	SEPTEMBER 18 2024
ated	<u></u>
	Signature of a member or authorized representative of a member
	Nonanire of a member of authorized representative of a member

Filing Fee: \$25.00