124000114365

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

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
emp ico	PRECISIO	N AIR CONDITIONING OF I	FLORIDA, LLC	
SUBJEC		Name of Lim	ited Liability Company	······································
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Dustin Feindel		
			Name of Person	
			Firm/Company	
		24123 Peachland Bivd, C4	#215	
			Address	
		Port Charlotte, FL 33954		
			City/State and Zip Code	
		precisionaof@gmail.com	to be used for future annual report n	otification)
For furthe	er information c	oncerning this matter, please c		, and a second
Dustin Fo	eindel		941 353-5250 at ()	
Name of Person		Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:		
\$25.0	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 Addres		Street Address:	Sanata a
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of C		
		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION AIR CONDITIONING OF FLORIDA, LLC	C. G
(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 03/06/2024 Florida document number L24000114365	and assigned []
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 a	hbreviation "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)	
B. If amending the registered agent and/or registered office address on our records, enter the nan agent and/or the new registered office address here:	ne of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
LINE I TO THE OF EL CHAPTES	

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.

City

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>	Address	Type of Action
AMBR	Leah Feindel	24123 Peachland Blvd., C4 #215	≣ ∧dd
		Port Charlotte, FL 33954	□Remove
			□Change
		- 202020	□Add
			Remove
			□Remove
			Change
			□Add
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	11/17/2024			
ctive date, if other than the da effective date is listed, the date must be	ite of filing:	to date of filing or more tha	(optional) n 90 days after filing.) Pu	rsuant to 605.02
e: If the date inserted in this block ument's effective date on the Depa	does not meet the applica	able statutory filing requ	irements, this date wil	I not be listed
ament's effective date on the Depa	itment of state's records.			
ord specifies a delayed effective de	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90	Oth day after th
filed.			, ,	,
November 17	2024			
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ed				
				111
7 L.B	gnature of a member or autho	rized representative of a m	ember	111.

Filing Fee: \$25.00