124000150854

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Name Chang

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COVER LETTER

Division of Corpo			
SUBJECT: SKIN	ners heating Name of Limite	& Air Conditioning LLC	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Noah .	Skinner Name of Person	
	Skinners he	Firm Company	
	204 (Xean	Palm DV S 22	
	flugler Beac	Cri Fi 3434	i i
		City/State and Zip Code Cinner @aol. Com	
	E-mail address: (10	o be used for future annual report notification)	i i Cent
For further information con	ncerning this matter, please cal		فيسا
Noah SKI	nnev Person	at (904) 707-7019 W	
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration So Division of Co	ection rporations	Street Address; Registration Section Division of Corporations The Centre of Tallahassee	
P.O. Box 6327		The Court of Commission	

Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skinners heating & Air	conditioning	y LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	Y as it now appears (on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document number L 24000150854	vere filed on <u>3</u>	1/28/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Skinner heating and Cooling		:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "LLC" or the abbr	evistion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			2014 JI SECRI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			UL 124 AM 9:
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our reco	ords, <u>enter the name</u>	file w confidence of the new registered
Name of New Registered Agent:			 -
New Registered Office Address:			
	Enter Florida	street address	
	Clh	, Florida	Zip Code
and the second desired desired	City		ДФ Coae
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my covided for in Cha	y duties, and I am far apter 605, F.S. Or, if	niliar with and this document is

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 Type of Action <u>Address</u> **Title** Name □Add __ 🗆 Remove __ Change _____ [] Change □Add ____ Change __ DAdd _____ □Remove _____ DAdd ______ □Add

_____ Change

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Note: If	date, if other than the ive date is listed, the date mu the date inserted in this b i's effective date on the D	lock does not mee	t the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pursuments, this date will no	ant to 605.0207 (3)(b ot be listed as the
record s	pecifies a delayed effectiv	ve date, but not an	effective time, at	12:01 a.m. on the ca	rlier of: (b) The 90th	day after the
	July 24	······································	2024.			
Dated		. /1				
Dated	****	NBKm		epresentative of a men		

Filing Fee: \$25.00