L24000172116

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	•				
SUBJECT:	ING & COOLING LLC Name of Lim	ited Liability Company	<u>.</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	YOAMNYS SOSA ROM/	AN			
		Name of Person			
	AIR HEATING & COOLI	NG LLC			
		Firm/Company			
	26407 NOTRE DAME BL	VD			
		Address	·		
	PUNTA GÖRDA FL 3395	5,			
		City/State and Zip Code			
	AIRHEATINGCOOLING2	—			
For further information c	e-mail address: (oncerning this matter, please of	to be used for future annual report notif	ication)		
YOAMNYS SOSA RON		239 351-9998			
	f Person		Telephone Number		
Enclosed is a check for the	ne 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	 	Street Address:	A		
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 632		-	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIR HEATING & COOLING LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number L24000172116	Company were filed on <u>04/11/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	24.00
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	3 PH 3: 56
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	The state of the s	orida
	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>	<u>Name</u>	Address	Type of Action
MGR	GUSTAVO ENRIQUE RODRIGU	6532 FAIRVIEW ST FORT MYERS FL 33966	🖩 Add
			🗆 Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
-1			□Add
			□ Remove
			□Change
			🗆 🗖 Add
			□Remove
			□Change

Gustavo Ennag	me hodriguez	auns	20%
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			7-4-7707
ffective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Dep	be specific and cannot be prior to deck does not meet the applicable	ate of filing or more	(optional) than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
OCTOBER 14	2024		
aned	<u> </u>		
S	ignature of a member or authorize	d representative of	a member
YOAMNYS SOSA ROM	AN		
	Typed or printed n	ame of signee	

. .

Filing Fee: \$25.00