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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

	gistration Sec ision of Corp						
-	AARON'S COLD AIR AND HEAT LLC (incorrect suffix need it changed to LLC)						
SUBJECT:	<u> </u>	Name of Limi	me of Limited Liability Company				
The enclosed	I Articles of 2	Amendment and fee(s) are sub-	mitted for filing.				
Please retur	i all correspoi	ndence concerning this matter	to the following:				
		AARON GREEN					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		AARON'S COLD AIR AN	D HEAT LLC				
	Firm/Company						
		4794 County Road 218					
	Address						
		Middleburg, Florida 32068					
			City/State and Zip Code				
		aarongreen1975@yahoo.com	n to be used for future annual report ne				
n a a	- f			(incation)			
For further i	ntormation co	oncerning this matter, please ca	a <i>t</i> t;				
AARON GREEN			904 276-8022				
	Name of	Person	at () Area Code Dayn	me Telephone Number			
Enclosed is a	a check for th	e following amount:					
□ 525.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)			
Re	<u>iling Address</u> gistration S	Section	<u>Street Address:</u> Registration S				
Division of Corporations			Division of C	orporations			

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AARONS COLD AIR AND HEAT IN	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on $\frac{04/24/2024}{}$ and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ie limited liability company here:
AARON'S COLD AIR AND HEAT LLC	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	te:
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>
B. If amending the registered agent and/or regiagent and/or the new registered office address h	istered office address on our records, <u>enter the name of the new registered</u> <u>nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

Cin



Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
		·	🗆 Add
			🗆 Remove
			□Change
		·	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

MAY 31	2024
Dated	

Signature of a member or authorized representative of a member

AARON	GREEN
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Typed or printed name of signee