L24000280147

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11 1-15 SELECTIONS

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Chill Out	Heat and Cooling LLC		
		mited Liability Company	
Please return all corresp	ondence concerning this matte	r to the following:	
	David Boyle		
		Name of Person	
SUBJECT: Chill Out Heat and Cooling LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: David Boyle			
		Firm/Company	
	4478 Bayridge Ct		
		Address	
	Spring Hill Fl 34606	City/State and 7:- C-1	
	lostdave07@yahoo.com	City/State and Zip Code	
For further information o			fication)
Daved Boyle		at (609) 602-7789	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	ection orporations 7	Registration Sec Division of Corp The Centre of Ta	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chill Out Heat and Cooling LUC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 06/20/2024	and assigned
Florida document number L24000280147		1
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited	liability company here:	
Chill Out Heating and Cooling LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	. F I	lorida
	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
	 		□Add
			□Remove
		 	
			□Add
			□Remove
			Change
			□Add
			□Remove
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		·	Change
			□ Add
			□ Remove
			□Change

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Effective date, if other than the date of filing:		
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