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TO:

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | |
|------------|------------------------------------|---|---|--|
| VI:DIEC | | JIAS HVAC TECH LLC | | |
| SUBJEC | | Name of Lim | ited Liability Company | |
| The encle | osed Anicles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please rea | turn all correspo | ndence concerning this matter | to the following: | |
| | | Reisel Mejias Hurtado | | |
| | | | Name of Person | |
| | | | Firm/Company | Daytime Telephone Number Ce & S60.00 Filing Fee, Certificate of Status & Certified Copy |
| | | Firm/Company 3813 Hampstead Ln Address Lakeland FL 33810 City/State and Zip Code reiselmejias94@icloud.com E-mail address: (to be used for future annual report notification) aformation concerning this matter, please call: 863 2675022 at () | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | Lakeland FL 33810 | | |
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| For furth | er information co | | | , |
| Reisel M | ejias Hurtado | | - · | |
| | Name of | Person | Area Code Daytine | e Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| ■ \$25.0 | 90 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |
| | Mailing Address | | Street Address: | |
| | Registration S | | Registration Sec | |
| | Division of Co P.O. Box 632 | - | Division of Cor The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TWINS MEJIAS HVAC TECH LLC | | |
|---|---|--|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our record ned Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Comp | any were filed on 08/06/2024 | and assigned |
| Plorida document number L24000344605 | | |
| This amendment is submitted to amend the following: | | |
| L. If amending name, enter the new name of the limited | liability company here: | |
| TWINS MEJIAS MULTI SERVICES LLC | | |
| he new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | A. 3 |
| Principal office address MUST BE A STREET ADDRESS | | 2024 Tr |
| rtincipui vince augress (1031 de 431 keel ADDRESS | <u> </u> | <u> </u> |
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| Inter new mailing address, if applicable: | | (A) TO |
| Mailing address MAY BE A POST OFFICE BOX) | - | (f) (L) (S) |
| mung und cis mit be it out office bong | | ;- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| | | |
| 3. If amending the registered agent and/or registered offigent and/or the new registered office address here: | ice address on our records, <u>enter</u> | the name of the new regis |
| Name of New Registered Agent: | | A-14-1 |
| New Registered Office Address: | | |
| | Enter Florida street address | y |
| | . Flo | 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 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> | Name | Address . | Type of Action |
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