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SECRETARY SEE STATE

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COVER LETTER

Division of Corporations PINOTO & ROHENA AIR CONDITIONING LLC SUBJECT: 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: RAIDEL PILOTO Name of Person Firm/Company 5400 NW 199 RD Address **MIAMI GARDENS, FL 33055** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAIDEL PILOTO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address; Street Address:

Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FINOTO & ROBERTA AIR CONDITIONING LAC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now supears on our records.) sility Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on 09/17/2024	_ and assigned
orida document number L24000405282		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabilit	y company here:	
LOTO & ROHENA AIR CONDITIONING LLC		
e new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	vistion "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
THE OFFICE MANUES ALOUE DE AUTREET ADDRESS		<u> </u>
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	201 101	
nter new mailing address, if applicable:		7
(ailing address MAY BE A POST OFFICE BOX)	5	-1
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If amending the registered agent and/or registered office add	iress on our records, enter the name o	of the new regis
ent and/or the new registered office address here:	J	ယ
	े सि	ယ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DINIOTO & DOLLENIA AID CONDITIONING LLC

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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
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			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe lote:	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
record	d 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
ated (09/19/2024
	Km/1/1 -
- 10,000 <u>-</u>	Signature of member or authorized representative of a member