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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: into@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA HEATING AND AIR CONDITIONING LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-------------|--|--|
| SUBJECT: FLORIDA HEATING AND AIR CONDITIONING 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: | | | |
| JANINE MITCHELL Name of Person | | | |
| CONTRACTORS REPORTING SERVICE INC | | | |
| Firm Company | | | |
| 23110 SR 54, PMB 336 | | | |
| Address | | | |
| City/State and Zip Code | | | |
| info@activatemylicense.com | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | |
| recontrolled information concerning this matter, please catt. | | | |
| JANINE MITCHELL 813 932-5244 Name of Person Area Code Daytime Telephone Number | | | |
| Name of Person Area Code Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| (additional copy is enclosed) Certified C | of Status & | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

company has been notified in writing of this change.

From: Janine Mitchell

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLORIDA HEATING AND AIR COND (Name of the Limited Linbility C (A Florida Lin | DITIONING LLC Company as it now appears of | a our records.) | |
|--|---|---|--|
| (A Florida Lin | nited Liability Company) | | |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L24000464384</u> | pany were filed on 11/1/2 | 024 and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | l liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u></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 reco | rds, enter the name of the new registered | |
| agent andow the new registered office address nere. | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida | street address | |
| | | , Florida City Zip Code | |
| | • | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Registered Ag | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp | | | |

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

If Changing Registered Agent, Signature of New Registered Agent

12 3)))

Page: 5 of 6

11/26/2024 6:45 PM

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 |
|------------------|---------------------------------------|--|-----------------|
| MGRM YONY JUAREZ | 1306 J W HOLLINGTON RD | □∧dd | |
| | | FREEPORT, Ft. 32439 | □Remove |
| | | | ≡ Change |
| | | A SAME AND A STREET OF STREET, STREET OF STREET, STREE | □Add |
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| | | | Remove |
| | | | Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: (It'an effective 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 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 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. |
| Dated |
| Signed by: |
| Signature of a member AF80159482214F4. lative of a member |
| YONY JUAREZ |

Typed or printed name of signee