

M15 000 005566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

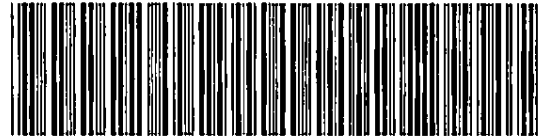
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*[Signature]*



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22 OCT 28 PM 4:46  
DIVISION OF COURT REPORTING  
JANET D. JAMES

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT DEGREES 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:

ELIAS R HILAL

\_\_\_\_\_  
Name of Person

LAW OFFICE OF ELIAS R HILAL, P.A.

\_\_\_\_\_  
Firm/Company

633 SE 3RD AVENUE, SUITE 301

\_\_\_\_\_  
Address

FORT LAUDERDALE, FLORIDA 33301

\_\_\_\_\_  
City/State and Zip Code

ELIAS.HILAL@ERHLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIAS R. HILAL

954 463-2065  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

22 OCT 28 PM 4:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT 28 AM 9:03

October 6, 2022

ELIAS R HILAL  
633 SE 3RD AVENUE  
SUITE 301  
FORT LAUDERDALE, FL 33301

SUBJECT: PERFECT DEGREES AIR CONDITIONING LLC  
Ref. Number: M15000005566

We have received your document for PERFECT DEGREES AIR CONDITIONING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 222A00022342

22 OCT 28 PM 4:46  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT DEGREES AIR CONDITIONING LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIAS HILAL  
Name of Person

LAW OFFICE OF ELIAS R HILAL, P.A.  
Firm/Company

12 SE 7TH STREET, SUITE 700  
Address

FORT LAUDERDALE, FLORIDA 33301  
City/State and Zip Code

ELIAS.HILAL@ERHLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIAS R HILAL at ( 954 ) 463-2065  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

22 OCT 28 PM 4:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PERFECT DEGREE AIR CONDITIONING LLC

Enter new principal office address, if applicable: 13801 NW 4TH STREET

(Principal office address  
MUST BE A STREET ADDRESS) SUNRISE, FLORIDA 33325

Enter new mailing address, if applicable: 13801 NW 4TH STREET

(Mailing address  
MAY BE A POST OFFICE BOX) SUNRISE, FLORIDA 33325

2. The Florida document number of this limited liability company is: M15000005566

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JULY 15, 2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ELIAS R HILAL, ESQ.

New Registered Office Address: 12 SE 7TH STREET, SUITE 700

*Enter Florida Street Address*

FORT LAUDERDALE, Florida 33301  
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

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DIVISION OF CORPORATION  
STATE OF FLORIDA

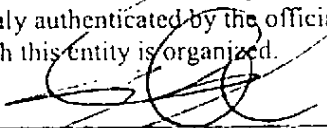
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>LANE, SHEPHARD</u>	<u>6451 E RODGERS CIRCLE, SUITE 11</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33487</u>	<input checked="" type="checkbox"/> Remove
<u>MP</u>	<u>GEORGE FRED ROBERTS</u>	<u>6451 E RODGERS CIRCLE, SUITE 11</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33487</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>VITALE, SARA</u>	<u>6451 E. RODGERS CIRCLE, SUITE 11</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33487</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PEREIRA, ERIC</u>	<u>13801 NW 4TH STREET</u>	<input checked="" type="checkbox"/> Add
		<u>SUNRISE, FLORIDA 33325</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
22 OCT 28 PM 4:47

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

ERIC PEREIRA  
Typed or printed name of signer

Filing Fee: \$25.00