Division of Corporations

r sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ABRAN AIR CONDITIONING AND HEATING FLORIDA LLC

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To, LLC Amendments DocuSign Envelope ID: 084C116C-54E2-4E55-B7B2-9B79D351B3DC

Fax. (850) 617-6383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KABRAN AIR CONDITIONING AND HEATING FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | mpany were filed on 6/8/2023 | and assigned |
|---|--|---|
| Florida document number M23000007506 | - | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the a | bbreviation "L.IC." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 155 165 163 |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter the nan</u> | ne of the new registere |
| | | į |
| Name of New Registered Agent: | | |
| | | 200 |
| New Registered Office Address: | Enter Florida street address | |
| | | 35 |
| | | |
| | Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered . | • | Zip Code |
| New Registered Agent's Signature, if changing Registered a linereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | Agent: nd agree to act in this capacity. I further age implete performance of my duties, and I am ient as provided for in Chapter 605, F.S. Or, | tree to comply with the familiar with and if this document is |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | Agent: nd agree to act in this capacity. I further age implete performance of my duties, and I am ient as provided for in Chapter 605, F.S. Or, | tree to comply with the familiar with and if this document is mited liability |

| om our records: | 35183DC o to manage, <u>enter the title, name, and addres</u> | e: 3 of 4 ((19901/2023 3:43 PM) s of each person being ad |
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| ager horized Member | | |
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| | ager norized Member <u>Name</u> | ager norized Member Name Address TRAVIS LYONS 6100 NW 123RD PL |

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