Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000409004 3)))



H220004090043ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

| Email | Address:  |  |  |  |
|-------|-----------|--|--|--|
|       | MUU: CJJ: |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HVAC ECO COOL LLC

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
| Page Count            | 04      |  |
| Estimated Charge      | \$25.00 |  |

## C. BRUMBLEY

UEL - 5 2022

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mane of the Limited Liability  | y Company as it now appears on o<br>Limited Liability Company) | ur record: .)                           |  |
|--|--|---|--|
| The Articles of Organization for this Limited Liability C Florida document number <u>L 2 2006493 33 7</u>  | ompany were filed on   | 18 / 202. Z and assigned                |  |
| This amendment is submitted to amend the following:  |  |   |  |
| A. If amending name, enter the new name of the limit   | ited liability company here:                                   |   |  |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designat                          | tion "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:  |  |   |  |
| (Principal office address MUST BE A STREET ADDR  | ESS)   |   |  |
|  |  | 2                                       |  |
| Enter new mailing address, if applicable:  |  | 72 DEC                                  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | 5 o [                                   |  |
|  |  | SSC TO                                  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | l office address on our record                                 | s, enter the name of the new registered |  |
| Name of New Registered Agent:  |  |   |  |
| New Registered Office Address:   | Enter Florida str  | vet addres:                             |  |
|  | , Florida  |   |  |
|  | 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, E.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

| Title | <u>Name</u>         | Address                  | Type of Action |
|-------|---------------------|--------------------------|----------------|
| M6/2  | PEDRO LUIS VITIGUES | 3357 SW 10TH TEARS MEANE | Z_ □Add        |
|       |                     | 33/44                    | □Remove        |
|       |                     |                          | ZChange        |
| ·     | <del></del>         |                          | DAdd           |
|       |                     |                          | □Remove        |
|       |                     |                          | [] Change      |
|       | <del></del>         |                          | □Add           |
|       |                     |                          | □Remove        |
|       |                     |                          | Change         |
| -     |                     |                          | □Add           |
|       |                     |                          | [] Romove      |
|       |                     |                          | □Change        |
|       |                     |                          | DAdd           |
|       |                     |                          | □Remove        |
|       |                     |                          | □ Change       |
|       |                     |                          | 🗆 Add          |
|       |                     |                          | □ □ Remove     |
|       |                     |                          | □ Change       |