Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

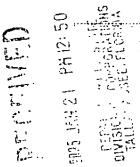
Account Number : I20050000099

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.

info@activatemylicense.com Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABOVE ALL HVAC AND MECHANICAL LLC

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COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|-----------------------------------|--|--|--|------------|--|
| SUBJE | CT: ABOVE A | LL HVAC AND MECH | | | , |
| | | Name of Lin | nited Liability Company | | |
| | | nendment and fee(s) are sub | _ | | |
| | | JANINE MITCHELL | • | | |
| | Name of Person | | | | |
| CONTRACTORS REPORTING SERVICE INC | | | | | |
| | | | Firm/Company | | |
| | | 23110 SR 54, PMB | 336 | | |
| | | | Address | | |
| LUTZ, FL 33549 | | | | | |
| | | | City/State and Zip Co | ode | |
| | info@activatemylicense.com E-mail address: (to be used for future annual report notification) | | | | |
| For furt | her information con | cerning this matter, please c | all: | | |
| IINAL | NE MITCHELL | | 813 | 932-5244 | |
| | Name of Pe | erson | Area Code | Daytime Te | Icphone Number |
| Enclose | d is a check for the | following amount: | | | |
| ■ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing F Certified Copy (additional copy i | <i>!</i> | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Con (A Florida Limit | ed Liability Company) | orus.) | |
|--|--------------------------------------|-----------------------------------|--|
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L25000012012</u> . | ny were filed on | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | |
| The new name must be distinguishable and contain the words "Limited Li- | ability Company," the designation "L | LC" or the abbreviation "L.1.,C." | |
| Enter new principal offices address, if applicable: | | _ | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | ::: ::: ::: ::: | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>ent</u> | er the name of the new registered | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street addı | ress | |
| | Enter Prorida Street daaress | | |
| | [| Florida 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.

16 3)))

From: Janine Mitchell

Fax: +18139325244

To: Div of Corps -LLC

Fax: +18506176383

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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 |
|-------|---------------|--------------------|----------------|
| MGR | ANDREW M BOVE | 460 E SECOND ST | ≣ Add |
| | | CHULUOTA, FL 32766 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Λdd |
| | | | □Remove |
| | | | □Change |
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| | | | Remove |
| | | | Change |

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Fax: +18506176383

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If 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)(b) 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. 1/19/2025 Dated nember or authorized representative of a member ANDREW MICHEAL BOVE

Typed or printed name of signee