

L1300162654

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(Address)

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(City/State/Zip/Phone #)

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2016 SEP 26 AM 8:09 FILED
TALLAHASSEE, FLORIDA
2016 SEP 26 A 11:27
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 27 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Cold 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:

Aviran Toorgeman
Name of Person

Florida Cold Air Conditioning LLC
Firm/Company

533 Briarwood Circle
Address

Hollywood FL 33024
City/State and Zip Code

Atoorgeman@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aviran Toorgeman at (305) 890-8952
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 SEP 26 A 11:2
 FILED
 TALLAHASSEE, FL
 SECRETARY OF STATE

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

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

The Articles of Organization for this Limited Liability Company were filed on 11-20-2013 and assigned Florida document number L13000162654.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

533 Briarwood Circle
Hollywood FL 33024

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

533 Briarwood Circle
Hollywood FL 33024

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address:

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, 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

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	Name	Address	Type of Action
AMBR	Kevin D FOSTER	7845 63 rd ST	<input checked="" type="checkbox"/> Add
		Pinellas Park FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 CLERK OF DISTRICT COURT
 PINELLAS COUNTY, FLORIDA

