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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Q. SILAS |
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Office Use Only



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COVER LETTER

| Division of Co | rporations | | |
|---------------------------------|--|---|---|
| SUBJECT: | In 90 | ut Cooling, LLC | |
| <u></u> | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | PRUI | SENCE MªINI | VIS |
| | | Name of Person | |
| | | | |
| | - | Firm/Company | |
| | 3745 (| E. SANDPIPER DR | 1. H5 |
| | | Address | |
| | BOYNT | ON BEACH, FI | 33436 |
| | | | |
| | m cinnis. | Prudence @gmail.co to be used for future annual report notif | 76 m |
| | | | ication) |
| | concerning this matter, please c | | |
| PRUDE | NCE MCINNI | S at (561) 467 Area Code Daytime | -8422 |
| Name | of Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for t | 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) |
| | | | |

TO:

Registration Section

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

| IN 3 Out Coo | ling, LLCUIB-7 PM 115 |
|---|--|
| (Name of the Limited Liability Compan (A Florida Limited L | y as it now appears on our records.) lability Company) |
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 210 00 397343</u> . | ·a/2/ |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabile In 300+ Multi Service The new name must be distinguishable and contain the words "Limited Liability". | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 3745 E. Sandpiper Dn. #5 Boynton Beach, Fl 33436 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | SACC ZIO 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 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ive date, if other than the date of filing: |
| ord is fi | |
| Dated | January 17th 2022 |
| | Om. |
| | Signature of a member or authorized representative of a member |
| | PRUDENCE C. Hª INNIS Typed or printed name of signee |