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COVER LETTER

10: Registration Section Division of Corporations YNGLADA COOLING & HEATING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filling. Please return all correspondence concerning this matter to the following: SHAREEF YNGLADA Name of Person YNGLADA COOLING & HEATING LLC Firm/Company 6617 BERET DR Address ORLANDOJEL 32809 City/State and Zip Code SHAREEF@YNGCH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHAREEF YNGLADA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT (). ARTICLES OF ORGANIZATION APR -2 PR 2: 47

YNGLADA COOLING & HEATING LLC

(Name of the Limited Liability Company as it now appears on our records

(<u>) </u>	A Florida Limited Liability Company)	
	bility Company were filed on 01/18/2017	and assigned
Florida document number 1.17000014339	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
		·
35 16 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the</u> -here:	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		W
New Registered Office Address.	Enter Florida street address	
	P1	da

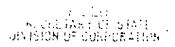
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 THE WARRENT STATE OF CORPORATION or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BERTA CABALLERO	6617 BERET DR.ORLANDO FL 32809	≣ Add
			□Remove
			□Change
			□Add
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, If helvessary), PH 2: 47
Note:	tive date, if other than the date of filing:
the reco ford is f	rd 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 iled.
Dated	03/26/2021
	Signature of a member or authorized representative of a member
	BERTA CABALLERO Typed or printed name of signee

Filing Fee: \$25.00