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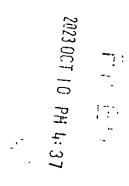
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COVER LETTER

	Registration Se Division of Cor		• .			
emb iez		OCALA INVESTMENT LLC	•			
SUBJEC	- I :	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	tum all correspo	ondence concerning this matter	to the following:			
		Cam Van				
			Name of Person			
		AIRCOOL OCALA INVE	STMENT LLC			
			Fim/Company	· <u>···</u>		
		4350 SEABOARD RD				
			Address			
		ORLANDO, FL 32808				
			City/State and Zip Code			
		faithadjuster@gmail.com				
			to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please ca	all:			
Cam Var	1		321 527-9891			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
)23
Enter new mailing address, if applicable:		00.7
Mailing address MAY BE A POST OFFICE BOX)		
		79
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		· · · · · <u></u> ·
New Registered Office Address:		
	Enter Florida street addre,	SS
	FI	orida
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Huang, Qiaoqing	4350 SEABOARD RD	■Add
		ORLANDO, FL 32808	
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific a block does no	and cannot be prior t meet the applic	to date of filing or able statutory fil	(op more than 90 days afting requirements, the	tional) ter filing.) Pursuant to t his date will not be l	505.0207 (isted as t
e record specifies a delayed effected is filed.	tive date, but n	iot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th day a	fter the
Dated October 04		2023				
		_ ·	<u> </u>			
	/					
	Signatura		orized representati			

Filing Fee: \$25.00