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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Advanced Cooling Distributors 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:					
David M Green (Name of Person)					
Advanced Cooling DISTNBUTORS LIC					
3206 S. Hopkins And STE 209					
City/State and Zip Code)					
For further information concerning this matter, please call:					
David Green at (321) 223-1113 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount: \$\sum_{\text{\$\colored}}\$\$25.00 Filing Fee &					
(additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB -6 PM 12: 58

(Zip Code)

Advanced Cooling Distributors LLC

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

(A Florida Limited Liability Company)

(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1030005	y Company were filed on <u>Dec. 30, 2003</u> and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the I	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	N/A
New Registered Office Address:	(Enter Florida street address)
	171

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gerald Scala	5910 NW 63rd Way Forkland FL 33067	Add Remove
			Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF COLOR
Dated Fe	b 04, 200	8	PM 12: 58
-	David M Gree Typed	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00