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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration St Division of Cor						
SUBJE	CT:	AKLIMAT IN	TERNATIONAL LLC	•			
	- · · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company		-		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	indence concerning this matter	to the following:				
		A	DALBERT RYBACZUK		<del></del>		
			Name of Person				
AKLIMAT INTERNATIONAL LLC							
			Firm/Company				
		2385 NW EXEC	UTIVE CENTER DRIV	E SUITE 100			
			Address		<del></del>		
		BOCA	RATON, FLORIDA 33	<b>431</b>			
			City/State and Zip Code	<del></del>			
			Aklimat@msn.com				
		E-mail address: (	to be used for future annual report	notification)	-		
For furt	her information c	oncerning this matter, please c	eall:				
	ADALBI	ERT RYBACZUK	at ( 305 )	407 2983			
		f Person		aytime Telephone Nun	nber		
Enclose	d is a check for the	ne following amount:					
<b>₽</b> \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi losed) Certi	Filing Fee, ficate of Status & fied Copy tional 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

		NATIONAL			
(Name of the Limited	Liability Compa	ny as it now appe Liability Company	ars on our records.)		
,			•		
The Articles of Organization for this Limited L	iability Company	were filed on	January 9, 200	6 and assi	gned
Florida document number L0600000	2945				
This amendment is submitted to amend the following	avina:				
This amendment is submitted to amend the following	owing.				
A. If amending name, enter the new name of	f the limited lial	bility company ho	ere:		
	N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Com	pany," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		N/A	······································	-	<u>.</u>
(Principal office address MUST BE A STREE	TADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A			
Manning dadress MAT BE AT OST OTTICE	<u> </u>				
B. If amending the registered agent and/ registered agent and/or the new registered o	•		our records, enter	the name of	f the new
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	N/A				
		E	inter Florida street a	daress 2	esments Estatum
		N/A	, Florida _	∰2 NTA	
		City		Sip Code	Second Second
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		G: 3	

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.

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

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> **Name** MGR **SARAH DIXON** 7 Hanley Orchard, Hanley Swan Worcestershire WR8 0DS ✓ Add Remove England\_ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ms. Sarah Dixon has joined the company in a position of Manager (Director) to administer company's branch office at the Worcestershire, England location. June 1 2011 Dated \_\_ Signature of a member or authorized representative of a member ADALBERT RYBACZUK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00