## 07000090454

(Requestor's Name)				
(Address)	_			
(Address)	_			
(Address)				
•				
(City/State/Zip/Phone #)	_			
·				
PICK-UP WAIT MAIL				
(Durings Fath Name)				
(Business Entity Name)	,			
(Document Number)	1			
* Certified Copies Certificates of:Status				
	<del>,</del>			
	_			
Special Instructions to Filing Officer:				
·				
	١			
	١			
	Ĺ			

Office Use Only



600158784936

09/16/09--01005--019 \*\*50.00

Land Habitation

SEP 1 7 2009

EXAMINER

## **COVER LETTER**

Division of Corpo			
SUBJECT: A-KOOI	DISTRIBUTION C	OMPANY, LLC	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ted Liability Company	·
The enclosed Articles of Ar	nendment and fee(s) are sub	emitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	DAV	ID R. ASHLEY Name of Person	
		Name of Ferson	
	A-K	OOL DISTRIBUTION COMP	ANY, LLC
		Firm/Company	
	606	LANE AVENUE NORTH; S	UITE 606-2
	•	Address	
· · · · · · · · · · · · · · · · · · ·	JAC	KSONVILLE, FL 32254 City/State and Zip Code	
	d a	shley@a-kool.com	
,	E-mail address: (t	to be used for future annual report notificat	ion)
For further information con	cerning this matter, please c	all:	
DAVID R. ASHI	LEY	at (904 ) 371-3070	
Name of P	erson	Area Code & Daytime T	elephone Number
Enclosed is a check for 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP SEP 16 PM 12: 17

A-KOOL DISTRIBUTION COMPANY, LLC

(Name of the Limited Liability Company as it now as

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

The Articles of Organization for this Limited Lia	ability Company	were filed on _S	EPTEMBER	05, 20	O and assigned
Florida document number <u>L0700090454</u>	·				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Comp	any," the desig	gnation "LL	C" or the abbreviation
Enter new principal offices address, if applica	10151 DEERWOOD PARK BOULEVARD				
(Principal office address MUST BE A STREET ADDRESS)		BUILDING 200; SUITE 250			
		JACKSONV	ILLE, FL	32256	
Enter new mailing address, if applicable:		A-KOOL D	ISTRIBUT	ION COM	IPANY, LLC
(Mailing address MAY BE A POST OFFICE BOX)		606 LANE	AVENUE 1	NORTH;	SUITE 606-2
	JACKSONVILLE, FL 32254				
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:			our records,	, enter the	e name of the new
Name Designand Office Address	10151 000	AGKG UUUKK	י מעזם	פנהם מנ	00, SUITE 250
New Registered Office Address:	TOTOT DEE		nter Florida s		
JACKSO		ILLE	. Flo	orida 32	256
		City	, , , , , , , , , , , , , , , , , , , ,		Zip Code
N					

## 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.

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	William B. Darden	5886 Riverstone Circle ATLANTA, GA 30339 US	Add Remove
MGRM	WILLIAM A. MCARTHUR	569 EDGEWOOD AVENUE JACKSONVILLE, FL 32205 U	☐ Add JS ☐ Remove
•	_		Add
<u></u> .		·	Add Remove
			Add Remove
			AddRemove
D. If an	nending any other information, enter o	change(s) here: (Attach additional sheets, if neces	sary.)
	LLC MEMBERS ARE AS FOLL	OWS (ALPHA): DAVID R. ASHLI	ΞY
		WILLIAM B. DA	RDEN
		KEITH HERLONG	
		LANCE HERLONG	
		WILLIAM A. Mc	
Dated _	Dave	2009	SECRETARY INISION OF CO
	DAVID R. 2	•	PM 12:
		Typed or printed name of signee	TAIL
		Page 2 of 2	7

Filing Fee: \$25.00