

107000090454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

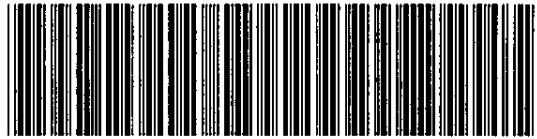
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JAN -5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A-Kool Distribution Company, 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:

William B. Darden

Name of Person

Firm/Company

606 Lane Avenue North; Suite 606-2

Address

Jacksonville, FL 32254

City/State and Zip Code

b.darden@a-kool.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William B. Darden

Name of Person

at (404)

402-3965

Area Code & Daytime Telephone 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 Fee,
Certificate of Status &
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

FILED
2010 JAN -4 AM 10:24
TALLAHASSEE, FL 32301
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

WILLIAM B. DARDEN
606 LANE AVENUE NORTH, STE 606-2
JACKSONVILLE, FL 32254

SUBJECT: A-KOOL DISTRIBUTION COMPANY, LLC
Ref. Number: L07000090454

We have received your document for A-KOOL DISTRIBUTION COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 509A00037806

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009/AN-4 AM 10:24

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A-Kool Distribution Company, LLC

(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 Liability Company were filed on September 5, 2007 and assigned Florida document number L07000090454.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

606 Lane Avenue North

Suite 606-2

Jacksonville, FL 32254

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Keith Herlong

New Registered Office Address:

606 Lane Avenue North, Suite 606-2

Enter Florida street address

Jacksonville

Florida

32254

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 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.

[Signature]
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 = Managing Member

Title	Name	Address	Type of Action
MGRM	David R. Ashley	5020 Yacht Club Road Jacksonville, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William B. Darden	5886 Riverstone Circle Atlanta, GA 30339	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated

12-28-09

William B. Darden

Signature of a member or authorized representative of a member

William B. DARDEN

Typed or printed name of signee

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 2009 JAN 10 10:24
 MISSISSIPPI STATE
 SECRETARY OF STATE