L0800009012/

(Requestor's Name)				
(Address)				
(Address)				
. (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



900160172969

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

09 SEP | 6 PH | 2: 21

SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

SEP 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: KOOLF	AB, LLC				
		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	DAV	ID R. ASHLEY Name of Person			
		Name of Ferson			
	K00:	LFAB, LLC			
•		Firm/Company			
•	606	LANE AVENUE NORTH; S	HITTE 606-2		
		Address			
		•			
JACKSONVILLE, FL 32254					
	City/State and Zip Code				
		shley@a-kool.com o be used for future annual report notifica	tion)		
For further information co	oncerning this matter, please ca	·	нол)		
DAVID R. ASH	ILĖY	at (904) 371-3070			
Name of	Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for the	e following amount:				
X \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 SEP 16 PH 12: 2	SECRETARY OF STATE DIVISION OF CORPORATIONS
20	HONS

KOOLFAB, LLC	ATA ATA		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)		
(,,,		
The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER 22, 2008 and assigned		
Florida document number <u>L0800090121</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
If amending name, <u>enter the trew name of the nimited has</u>	, <u></u>		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
. Enter new principal offices address, if applicable:	10151 DEERWOOD PARK BOULEVARD		
• • •	BUILDING 200; SUITE 250		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32256		
	OACKSONVILLE, PD 32230		
	A VOOL DICEDIDITION COMPANY IIC		
Enter new mailing address, if applicable:	A-KOOL DISTRIBUTION COMPANY, LLC		
(Mailing address MAY BE A POST OFFICE BOX) 606 LANE AVENUE NORTH; SUI			
	JACKSONVILLE, FL 32254		
B. If amending the registered agent and/or registered of	fice 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:			
Navy Registered Office Address			
New Registered Office Address:	Enter Florida street address		
	Florida		
	, Florida 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DAVID R. ASHLEY	5020 YACHT CLUB ROAD	[X] Add
		JACKSONVILLE, FL 32210	Remove
			Add Remove
			Add Remove
•			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	ı
	LLC MEMBERS ARE AS FOLL	OWS (ALPHA): DAVID R. ASHLEY	
		WILLIAM B. DARDEN	1
		KEITH HERLONG	
		LANCE HERLONG	<u> </u>
		WILLIAM A. MCARTE	HUR
Dated	SEPTEMBER 9 David Signature of a n	2009 . Lucy nember of a uthorized representative of a member	SECRETA DIVISION OF OP SEP I
	DAVID R.	•	F COF
		Typed or printed name of signee Page 2 of 2	ED OF STATE PROPERTION PM 12: 20
		Filing Fee: \$25.00	O \(\frac{1}{2}\)