Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000123304 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 : (813)932-3782 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:_	jason@activatemylicense.com
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE AIR CONDITIONING COMPANY OF TAMPA BAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

From: Jason Morales Fax: +1 (813) 445-7084 102

To: (((H130001233043))) - Fax: +1 (850) 617-6383

Page 3 of 5 6/4/2013 11:31

## **COVER LETTER**

(((H130001233043)))

	ration Sec on of Corp		15					
SUBJECT:	THE	AIR	CONDITIONING	COMPAN	OF	TAMPA	BAY	LLC
_	_		Name of Limi	ted Liability C	ompar	ıy		
The enclosed A	rticles of A	mendn	nent and fee(s) are sub	omitted for fili	ıg.			
Please return all	l correspon	dence o	concerning this matter	to the followi	ng:			
				JASON D	_	LES		
				Name of	Person			
			CONTRACTOR	s REPORT	ING	SERVI	CE, 3	INC
				Firm/Co	mpany			
			137	95 N NEE	RASI	KA AVE		
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			•	TAMPA, F	L 33	624		
				City/State and	Zip C	ode		<del>-</del>
			jason@a E-mail address: (t	activater				
For further info	rmation ac	aaarnin	g this matter, please of		mre am	шш терогі г	louncau	on)
ror turner into	illiation co	ice iiii	g uns maner, please ca	aii.				
· · · · · · · · · · · · · · · · · · ·			ORALES	at				-5244
	Name of	Person			Area	Code & Day	time Te	lephone Number
Enclosed is a ch	eck for the	follow	ing amount:					
□ \$25.00 Filing	g Fee		.00 Filing Fee & ertificate of Status	□\$55.00 F Certific (additio	d Cop		osed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

From: Jason Morales

Fax: +1 (813) 445-7084 102

To: (((H130001233043))) - Fox: (+1 (850) 617-6383 .....) Page 4 of 5 6/4/2013 11:31

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 JUN -4 AM 9: 48

SECRETARY OF STATES
FALLMAHASSEE, FLORIDA

## This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COOLING TAMPA LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOS) 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:

\_\_\_\_\_\_, Florida \_\_\_\_\_\_

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

From: Jason Morales

Fax: +1 (813) 445-7084 ' 102

To: ((IH13000123304.3))) \_ CFax:: ±1 (850) 617-6383 Page 5 of 5 6/4/2013 11:31

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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11.			Remove
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D: Ifomondi	na any other information, enter sho	ingc(s) here: (Attach additional sheets, if necessary.)	<del></del>
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Dated	MAY 31 . :	2013	
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