

U2000079820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

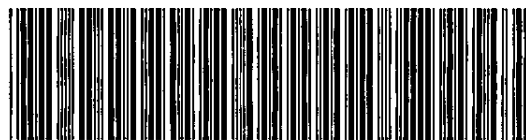
(Business Entity Name)

(Document Number)

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TALPAHASSEE FLORIDA

APR 07 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EJ A.C COOLING SERVICES 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:

EMEIL KHALIL

Name of Person

Firm/Company

2717 seville blv #4302

Address

Clearwater, FL 33764

City/State and Zip Code

emeilkhalil@gmail.com

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

For further information concerning this matter, please call:

EMEIL KHALIL

Name of Person

at **419 304-4492**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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EJ A.C COOLING SERVICES LLC

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TALLAHASSEE FLORIDA
e name the new

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Romani Awad	2717 Seville Blvd #4302	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33764	<input type="checkbox"/> Remove
MGR	Wael Youssef	7360 ULMERTON RD UNIT D13	<input checked="" type="checkbox"/> Add
		LARGO, FL 33771	<input type="checkbox"/> Remove
MGR	Kirellos Frag	2909 Gulf to Bay Blvd #E202	<input checked="" type="checkbox"/> Add
		Clearwater, FL	<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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.

Emeil Khalil

Signature of a member or authorized representative of a member

EMEIL KHALIL

Typed or printed name of signee

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Filing Fee: \$25.00

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