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| (Re                     | equestor's Name)  | <u> </u>    |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
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### **COVER LETTER**

| <b>TO:</b> | Registration Se<br>Division of Co | ection<br>rporations                         |   |   |
|------------|-----------------------------------|--|---|---|
| SUBJEC     | ICB AIR                           | CONDITIONING & APP                           | PLIANCES, LLC   |   |
| SUBJEC     | 1:                                | Name of Limi                                 | ted Liability Company   |   |
| The enclo  | osed Articles of                  | Amendment and fee(s) are subt                | mitted for filing.  |   |
| Please ret | urn all correspo                  | ondence concerning this matter               | to the following:   |   |
|            |                                   | ALEXANDER MUNF                               | ROE   |   |
|            |                                   |  | Name of Person  | <del> </del>  |
|            |                                   |  | Firm/Company  | <del></del>   |
|            |                                   | 4817 NW 8 STREET                             | 7   |   |
|            |                                   |  | Address   | <del></del>   |
|            |                                   | PLANTATION, FLOI                             | RIDA 33317  |   |
|            |                                   | amunroe217@aol.co                            |   |   |
| D 6 4      |                                   |  | to be used for future annual report notific                         | ation)  |
| ror turtn  | er information (                  | concerning this matter, please ca            | 111:  |   |
| ALEXA      | ANDER MU                          | NROE   | 954 585-4614<br>at ()   |   |
|            | Name o                            | of Person                                    | Area Code Daytime 1   | elephone Number   |
| Enclosed   | is a check for t                  | the following amount:                        |   |   |
| □ \$25.0   | 00 Filing Fee                     | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ICB AIR CONDITIONING & APPLIANCES, 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 APRIL 5, 2013 and assigned Florida document number <u>L1</u>3000050457 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 "I.L.C" or the abbreviation "L.L.C." 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 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: New Registered Office Address: Enter Florida street address Florida City

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 605, 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.

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

If Changing Registered Agent, Signature of New Registered Agent

z 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 <sup>2</sup> Manager AMBR = Authorized Member

| AMBR |                  |                           |              |
|------|------------------|---------------------------|--------------|
| AMDI | ALEXANDER MUNROE | 4817 NW 8 STREET          | <b>A</b> dd  |
|      |                  | PLANTATION, FLORIDA 33317 | Remove       |
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| f amending any other information, enter change(s) here: (Attach  | additional sheets, if necessary.) |
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| ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed date and he date this document is filed by the Florida Department of State) | cannot be more than 90 days after |
| DECEMBER 3 2014  |                                   |
| Melynyl Must   | entative of a member              |
| ALEXANDER MUNROE   | emative of a memoer               |
| VETVUIADELI INDIALIOE  |                                   |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORID