

L13 000123115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

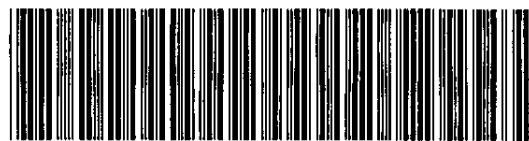
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL -7 PM 2:54
2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

INDUSTRIAL COOLING EXPERTS LLC

SUBJECT: _____
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:

JASON V DUKHU

Name of Person

INDUSTRIAL COOLING EXPERTS LLC

Firm/Company

4316 COCONUT RD

Address

LAKE WORTH, FL. 33461

City/State and Zip Code

jasondukhu@bellsouth.net

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

For further information concerning this matter, please call:

Jason V Dukhu

954

801-4731

at ()

Name of Person

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

Cover Letter

Date: 7/2/2014

Daytime Phone # 954-801-4731

Return Address: 4316 Coconut Rd
Lake Worth, FL 33461

INDUSTRIAL COOLING EXPERTS LLC

Page 1 of 3

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

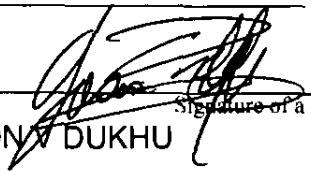
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JONATHAN V DUKHU	1201 SEAVIEW	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. 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 JUNE 27, 2014



Signature of a member or authorized representative of a member
JASON V DUKHU

Typed or printed name of signee

16 JUL -7 PM 2:56