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## **COVER LETTER**

TO:	Registration Sec Division of Corp		r: ¥	
CUD II		RIAL COOLING EXPER	RTS LLC	
SUBJI	:C1:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JASON V DUKHU		
			Name of Person	<u></u>
		INDUSTRIAL COOL	ING EXPERTS LLC	
			Firm/Company	
		4316 COCONUT RE	)	
			Address	
		LAKE WORTH, FL.	33461	
		jasondukhu@bellsou	City/State and Zip Code th.net	
		E-mail address: (t	o be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	dl:	
Jaso	n V Dukhu		954 801-4731 at ()	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ <b>\$</b> 2.	5.00 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

Daytine Phone # 954-801-4731

Return Address: 4316 Coconut Rd

Lake Worth, F1 33461

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### INDUSTRIAL COOLING EXPERTS 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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_. 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 "LLC" 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) ŗρ 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

#### 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

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

MGR = Manager

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Acti
/IGR	JONATHAN V DUKHU	1201 SEAVIEW	Add
		NORTH LAUDERDALE, FL 33068	
			Remove
			Add
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effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	
date this document is filed by the Florida Department of State)  JUNE 27  2014	
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date this document is filed by the Florida Department of State)  JUNE 27  2014	

Page 3 of 3

Filing Fee: \$25.00