

L13000162654

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 SEP 26 AM 8:09  
FILED  
TALLAHASSEE, FLORIDA  
2016 SEP 26 A 11:27  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 27 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Cold Air Conditioning 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:

Aviran Toorgeman  
Name of Person

Florida Cold Air Conditioning LLC  
Firm/Company

533 Briarwood Circle  
Address

Hollywood FL 33024  
City/State and Zip Code

Atorgeman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aviran Toorgeman at (305) 890-8952  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED  
2016 SEP 26 A 11:27  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Florida Cold Air Conditioning 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 11-20-2013 and assigned Florida document number L13000162654.

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 contain 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)**

533 Briarwood Circle  
Hollywood FL 33024

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

533 Briarwood Circle  
Hollywood FL 33024

**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

Zip Code

**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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Kevin D FOSTER	7845 63 <sup>rd</sup> ST	<input checked="" type="checkbox"/> Add
		Pinellas Park FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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PINELLAS COUNTY, FLORIDA

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2018 SEP 26 AM 11:27  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2018 SEP 26 AM 11:27  
FBI  
TALLAHASSEE FL ORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 21, 2016.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Aviran Toorgeman  
Typed or printed name of signee

Typed or printed name of signee