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DEPARTMENT OF CA

MAY 3 1 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cool Breeze AC LLC Name of Limited Liability Company
Name of Ethnied Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John C. Carbone
Name of Person
Cool Breeze AC LLC
Firm/Company
3256 Whitney Dr. East
Address
Tallahassee, FL 32309
Tallahassee, FL 32309 Kdjc 06 @ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concurring this matter, please call:
John C. Caubone at (850) 694-1237 Nume of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional copy is en

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

ool Breeze AC LLC

(Name of the Limited Liability Company (A Florida Limited Lial	as it now appears on bility Company)	our records.)				
The Articles of Organization for this Limited Liability Company we Florida document number 6/3000 172008		•	/3	_ and as	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	ty company here: IR ANO	REFA	16E+	1AT (W	, LLC
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" o	the abbre	viation "L	.L.C."	
Enter new principal offices address, if applicable:	SAME	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)						
				 _		
Enter new mailing address, if applicable:	·					··\
(Mailing address MAY BE A POST OFFICE BOX)						 .
		<u>.</u>			6 HA)	·
B. It a rending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce uddress on or	ar records, ;	en <u>ter</u> Pi	e jame	0 1 1	e new
Hame of New Rogistered Agent:	w	,	-:	OF 517	AM IO:	
New Registered Office Address:			. =	DA.	छ ।	•
	Enter Florida	street address				
	· · · · · · · · · · · · · · · · · · ·	, Florí	da	Zip Code	<u> </u>	
	City			Zip Code		
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Cha	duties, and pter 605, F.,	I am fan S. Or, if	illiar w. this doc	ith and rument	1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR ≈	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
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			□ Add
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			☐ Change
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ote:	fective date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fiting.) P If the date inserted in this block does not meet the applicable statutory filing requirements, this date with the date on the Department of State's records.	DE: unsquantito il not be	ු 60302
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the ea	rlier
	90th day after the record is filed.		
The			
The	May 31 2016 May C. Conlect		

Page 3 of 3

Filing Fee: \$25.00