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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Support@licensesetc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CELTIC COOLING, LLC

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2019 OCT 22 21:04 23

2019 OCT 22 PM 03:34

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OCT 23 2019

T. LEMIEUX

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: CELTIC COOLING, 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:

LISA ADAMS

Name of Person

LICENSES ETC., INC.

Firm/Company

886 110TH AVE N., SUITE 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

of (_____) _____

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

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

FILED

CELTIC COOLING, LLC

(Name of the Limited Liability Company as it now appears on our records) **OCT 22 2019 12:34**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/2014 and assigned
Florida document number L14000003079

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COLLIER COOLING, LLC

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:

2995 66TH AVE NE

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34120

Enter new mailing address, if applicable:

2995 66TH AVE NE

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34120

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:

ARIEL SOCARRAS

New Registered Office Address:

2995 66TH AVE NE

Enter Florida street address

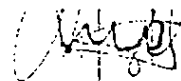
NAPLES

City

Florida 34120

*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

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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	ARIEL SOCARRAS	2995 66TH AVE NE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.9207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 16 2019

Signature of a member or authorized representative of a member

SEAN R. O'NEILL

Typed or printed name of signer

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