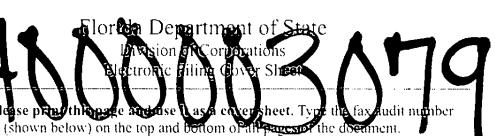
Division of Corporations



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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 COLLIER COOLING, LLC

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## **COVER LETTER**

(((H25000280798 3)))

| TO: Registration S<br>Division of Co    |  | <b>*</b>  |                                       | •  |  |  |  |
|---|--|---|---------------------------------------|--|--|--|--|
| SUBJECT:                                | COLLIER                                      | COOLING, LLC  |                                       |  |  |  |  |
| 30D0EC1.                                | Name of Lin                                  | nited Liability Company   |                                       | <del></del>  |  |  |  |
| The enclosed Articles of                | Amendment and fee(s) are sub                 | omitted for filing.   |                                       |  |  |  |  |
| Please return all correspo              | ondence concerning this matter               | to the following:   |                                       |  |  |  |  |
|   | TODD BABBITT                                 |   |                                       |  |  |  |  |
|   |  | Name of Person  |                                       |  |  |  |  |
|   | LICENSES, ETC., INC.                         |   |                                       |  |  |  |  |
|   |  | Firm/Company  |                                       | 2025   |  |  |  |
|   | 26811 SOUTH BAY DRI                          | VE  |                                       | 2025 AUG   |  |  |  |
|   | <u> </u>                                     | Address   |                                       |  |  |  |  |
|   | BONITA SPRINGS, FL 341                       | 3.1   |                                       | P. Fil   |  |  |  |
|   | <u> </u>                                     | City/State and Zip Code   | <del></del>                           |  |  |  |  |
|   | SUPPORT@LICENSESETO                          |   |                                       | <u> </u>   |  |  |  |
|   | E-mail address; (                            | to be used for future annual re                                       | eport notification)                   |  |  |  |  |
| For further information of              | concerning this matter, please c             | all:  |                                       |  |  |  |  |
| TODD BABBITT<br>Name o                  | of Person                                    | at (=239 ==)<br>Area Code   | 777-1028<br>Daytime Telephone         | Number -   |  |  |  |
| Enclosed is a check for t               | he following amount:                         |   |                                       |  |  |  |  |
| № \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclo | used) C                               | 60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |  |  |  |
| <u>Mailing Addres</u><br>Registration ( |  | <u>Street Ade</u><br>Registrat  | dress:<br>tion Section                |  |  |  |  |
| Division of C                           |  | Division of Corporations The Centre of Tallahassee                    |                                       |  |  |  |  |
| P.O. Box 632<br>Tallahassee, l          |  |   | tre of Tallanasse<br>Monroe Street, S |  |  |  |  |

Tallahassee, FL 32303

Page: 5 of 7

From: Licenses Etc (((H25000280798 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COLLIER COOLING, LLC  |   |                                       |                                    |   |  |  |
|---|---|---------------------------------------|------------------------------------|---|--|--|
| (Name of the Limited<br>(A  | Liability Company a<br>Florida Limited Liabi                  | cit now appears on (<br>ity Company)  | our records.)                      |   |  |  |
| The Articles of Organization for this Limited Liab Florida document number <u>L14000003079</u>  | nility Company wer  | e filed on                            | 01/07/2014                         | and assigned                                |  |  |
|   | <del></del> ·   |                                       |                                    |   |  |  |
| This amendment is submitted to amend the follow   | ring:   |                                       |                                    |   |  |  |
| A. If amending name, enter the new name of the  | he limited liability  | company here:                         |                                    |   |  |  |
| The new name must be distinguishable and contain the word   | ds "Limited Liability (                                       | omnune" the deciana                   | dion "I I C" or the                | abbreviation "L.L.C."                       |  |  |
|   |   | ompany, the designa                   | 1112 (1710)                        | 2025  |  |  |
| Enter new principal offices address, if applicab  | -   |                                       | ·                                  |   |  |  |
| (Principal office address MUST BE A STREET  | <u>ADDRESS)</u> _   |                                       | • • • •                            | <u> </u>                                    |  |  |
|   | _   |                                       |                                    | :<br>:                                      |  |  |
|   |   |                                       |                                    |   |  |  |
| Enter new mailing address, if applicable:   | _   |                                       |                                    |   |  |  |
| (Mailing address MAY BE A POST OFFICE BO  | <u> 2X)</u>   |                                       |                                    | <u>,, o</u>                                 |  |  |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address<br>Name of New Registered Agent:   | <u>here</u> :   | ess on our record                     | <del></del>                        |   |  |  |
|   |   |                                       |                                    |   |  |  |
| New Registered Office Address:  | Enter Florida street address                                  |                                       |                                    |   |  |  |
|   |   |                                       | . Florida                          |   |  |  |
|   |   | City                                  |                                    | Zip Code                                    |  |  |
| New Registered Agent's Signature, if changing Reg   | gistered Agent:   |                                       |                                    |   |  |  |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the regranging has been notified in writing of this change in the company has been notified in writing of this change. | and complete per<br>gred agent as prov<br>gistered office ada | formance of my d<br>ided for in Chapt | luties, and Lam<br>er 605, F.S. Oi | familiar with and<br>r, if this document is |  |  |
|   | If Changing   | Registered Agent, S                   | gnature of New R                   | egistered Agent                             |  |  |

(((H25000280798 3)))
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> | Name            | Address                               | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| <u>AMBR</u>  | SOCARRAS, ARIEL | 2995 66 AVE NE                        |                |
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|                       |  |   |  |                                   |                                     |   |                               |                        |               |
| <u>te:</u> If the     | ate, if other than the date is listed, the date must be date inserted in this blo effective date on the De | ck does not m                           | eet the applica                        | a date of filing oble statutory f | or more than 90 a<br>iling requirem | (optional<br>days after filin<br>ents, this dat | l)<br>g.) Pursua<br>e-will no | nt to 605<br>t be fist | 5.020<br>ed a |
| cord spec<br>s filed. | cifies a delayed effective   | date, but not                           | an effective tin                       | ic, at 12:01 a.                   | m, on the earl                      | er of: (b) T                                    | he 90th                       | lay arte               | r the         |
| ed                    | AUGUST 8TH   | <u></u> .                               | 2025                                   | _ •                               |                                     |   |                               |                        |               |
|                       | 20   |   |  |                                   |                                     |   |                               |                        |               |
|                       | <del>~</del>   |   | nember or author                       |                                   |                                     | \r_   |                               |                        |               |