

44000015670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

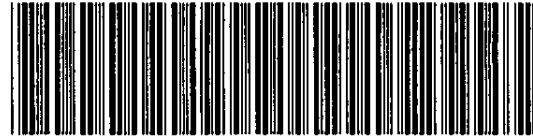
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600259802486

FILING CANCELLED
RETURNED CHECK

05/05/14--01042--016 **25.00

FILED
2014 MAY -5 PM 1:48
TALLAHASSEE
FLORIDA

MAY 12 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERT COOLING SERVICES 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:

ISRAEL MASAS
Name of Person

EXPERT COOLING SERVICES LLC
Firm/Company

5451 SW 24th Ave
Address

Fort Lauderdale FL 33312
City/State and Zip Code

ExpertCooling2014@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shulie Cohen at (954) 600 2706
Name of Person Area Code Daytime Telephone Number

FILED
2014 MAY -5 PM 1:48
TALLAHASSEE FLORIDA

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILING CANCELLED
RETURNED CHECK

EXPERT COOLING SERVICES 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 1-29-14 and assigned
Florida document number 214000015670

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)

5451 SW 24th Ave

Fort Lauderdale FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5451 SW 24th Ave

Fort Lauderdale FL 33312

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:

5451 SW 24th Ave

Enter Florida street address

Fort Lauderdale, Florida

City

2014 MAY -5 PM 1:11
RECEIVED
CLERK OF COURT
JUDICIAL DISTRICT
11
33312

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

FILING CANCELLED
RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cohen Jacob	4111 Stirling RD, Davie FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Cohen Jacob	4111 Stirling RD, Davie FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ISRAEL NASAS	5451 SW 24 th Ave Fort lauderdale FL 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ISRAEL NASAS	5451 SW 24 th Ave Fort lauderdale FL 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2014 MAY 25 PM 1:48
CLERK OF DISTRICT COURT
JANESVILLE FL 53912

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

E. Effective date, if other than the date of filing: 4-29-2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-29-2014

Shure Cohen

Signature of a member or authorized representative of a member

Shure Cohen

Typed or printed name of signee

FILING CANCELLED
RETURNED CHECK

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 MAY -5 PM 1:48
CLERK OF STATE
TALLAHASSEE FLORIDA