

03/02/2032

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#005 P 002/005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FREEZING POINTE SERVICE & PARTS, LLC**

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April 22, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FREEZING POINTE SERVICE & PARTS, LLC
30721 PUMPKIN RIDGE DRIVE
WESLEY CHAPEL, FL 33553

SUBJECT: FREEZING POINTE SERVICE & PARTS, LLC
REF: L14000062546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H14000094588
Letter Number: 914A00008510

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04/22/2014 18:00

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#2805 P.003/005

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H14000094588

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FREEZING POINTE SERVICE & PARTS, LLC

(Name of this 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 04/16/2014 and assigned
Florida document number L14000062546.

This amendment is submitted to amend the following:

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

FREEZING POINT SERVICE & PARTS, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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 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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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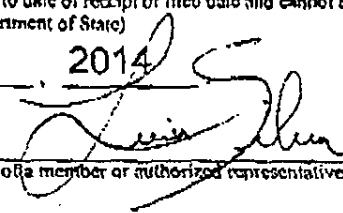
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 04/22/2014 (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 04/22

2014


Signature of a member or authorized representative of a member

LUIS SILVA

Typed or printed name of signee

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