L14000110890

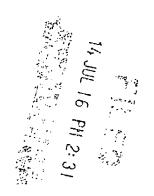
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

ARCTIC CIRCLE REFRIGERANT, 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:

TROY H. MYERS, JR.

Name of Person

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

Firm/Company

2033 MAIN ST STE 600

Address

SARASOTA, FL 34237

City/State and Zip Code

TMYERS@ICARDMERRILL.COM

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

For further information concerning this matter, please call:

TROY H. MYERS, JR.

,,941,9538110

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCTIC CIRCLE REFRIGERANT, LLC

company has been notified in writing of this change.

(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 we	ere filed on 7-14-2014	and assi	gned
Florida document number <u>L14000110890</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
ARCTIC REFRIGERANTS, LLC			
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "L.	L.C."
E 4			
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	e address on our records enter (he name c	of the ne
registered agent and/or the new registered office address here:	e address on our records, enter		
	ė	કો. દેવા	
Nama of Nam Dagistanad Agents	۳۰ شر		
Name of New Registered Agent:		<u> </u>	etser g
New Registered Office Address:	+ : 	· ·	, 40 84 ,
	Enter Florida street address	()	**1*
	Florida	· · ===	3"
	City	Zip Gode	47.
New Registered Agent's Signature, if changing Registered Agent:	, Florida	<u>υ</u> <u>ω</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per	erformance of my duties, and I am fa	umiliar with	and
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac			

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
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Typed or printed name of signee

Filing Fee: \$25.00