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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name

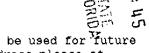
: DAVID C: HASTINGS, CPA,

Account Number : I2000000168 Phone

: (727)322-0909

Fax Number

: (727) 322-0520



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

| P=-11 | Address: | | | |
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| CMGTT | Address: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLD ZONE AIR CONDITIONING & HEATING, LLC

| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

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May. 13. 2016 10:14AM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COLD ZONE AIR CONDITIONING & HEATING, | , LLC | |
|--|---|---------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on | and assigned |
| Florida document number L14000135359 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited List | bility 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 MAX BE A POST OFFICE BOX) | | • |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | nter the name of the new |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | Enter Florida street address | AHASSI AHASSI |
| | City | Cir Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | ے بہتے |

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

Page 1 of 3

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

HREQUELITE 9693

May. 13. 2016 10:14AM

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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> | Name | Address | Type of Action |
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