

May. 13. 2016 10:14AM

No. 3544 P. 1/4

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L14000135359
Florida Department of State
Division of Corporations
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From:

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Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

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2016 MAY 13 AM 10:29

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TALLAHASSEE, FLORIDA

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H160001190663 *H160001190663* No. 3544190663 2/43
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COLD ZONE AIR CONDITIONING & HEATING, 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 08/2/2014 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 liability company here:

The new name must be distinguishable and contain 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 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

Title	Name	Address	Type of Action
AMBR	TAM VO	6040 63RD TERRACE N	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
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Dated MAY 12 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee