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COVER LETTER

	ion Section of Corporations		a ^{ri}
EDR SUBJECT:	IEN APPLIANCE SERVIC	E & REPAIR LLC	
SOBJECT:	Na	une of Limited Liability Company	
The enclosed Artic	les of Amendment and feet	s) are submitted for filing.	
Please return all co	rrespondence concerning th	nis matter to the following:	
	EDRIEN A HER	NANDEZ	
	EDRIEN APPLIA	Name of Person ANCE SERVICE & REPAIR LLC	
	Name of Person EDRIEN APPLIANCE SERVICE & REPAIR LLC Firm/Company 7040 NW 174 TER Address HIALEAH, FL 33015 City/State and Zip Code		
	Name of Person EDRIEN APPLIANCE SERVICE & REPAIR LLC Firm/Company 7040 NW 174 TER Address HIALEAH, FL 33015		
		Address	
	HIALEAH, FL 33	3015	
		City/State and Zip Code	
	E-mail	address: (to be used for future annual report notification)	
For further inform	ition concerning this matter,	, please call:	
EDRIEN A HERN	ANDEZ	305 316-1389	
:	Same of Person	at () Area Code Daytime Telephone Ni	ımber
Enclosed is a chec	t for the following amount:		
S25.00 Filing	Fee S30,00 Filing Fe Certificate of	Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional 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

EDRIEN APPLIANCE SERVICE & REPAIR 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 11/25/2014 and assigned Florida document number L14000181985 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TA COOLING CONTROL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME 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: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Name</u>	Address	Type of Action
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