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(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

	gistration Secritision of Corp			
SUBJECT:	Polar Expre	ss Air Conditioning, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jonathon Walsh		
			Name of Person	
		Polar Express Air Condition	oning	
			Firm/Company	
		722 Wildabon Avenue		
			Address	 _
		Lake Wales, Florida 3385	3	
			City/State and Zip Code	1
		jon@polarexpressfl.com		· · · ·
			to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Jonathon Wa	alsh		863 605.8966 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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

Polar Express Air Conditioning, 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 $\frac{07/03/2015}{}$ and assigned Florida document number _____L15000115494 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

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

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
AMBR	Dennis Prescott	22 Prescott Road	■ Add
		Campton, NH 03223	□ Remove
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ective date, if other than the data effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	specific and cannot be prior t does not meet the applica	o date of filing or more th ble statutory filing req	(optiona an 90 days after filir uirements, this da	ig.) Pursuant to 6	605.020 isted a
record specifies a delayed ef		an effective time	, at 12:01 a.m	on the ear	rlier (
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Filing Fee: \$25.00