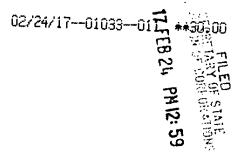
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J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Ab	VANCE CASE PART	S REFRIGERATION LL	2
		need Emining Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	RUTA BALA	Name of Person	
		Name of Person	
	ADVANCE CAS	y Page 540	
	NUORNUE CAS	Firm/Company	<del></del>
	12489 NW	HUT STREET Address	
	-	Address	
	CORAL SPEIN RITHBAD MANCE E-mail address: (1)	City/State and Zip Code  Caseparts, Com to be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca		
RITA BALBIRE Name of	Person	at ( <u>954)</u> <b>713</b> -9 Area Code Daytime	3090 じゃた 1831 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

(Name of the Limited Liabili	ARTS REFRIGERATION LCC  ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	vess)	. <u> </u>
	<b>24</b>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	3 (s) 2 5 1
	<u> </u>	5/5
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of</u> ress here:	the new
Name of New Registered Agent:	· 	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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

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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an effective lote: If the	e date is listed, the e e date inserted in	date must be specific	c and cannot be proof meet the app	rior to date of filing plicable statutory	or more than 90 days filing requirement	s after filing.) Pursua	
		elayed effectiv he record is file		not an effecti	ve time, at 12:	01 a.m. on the	e earlier
	FERRUSOU	23	_, 2017	<u> </u>			
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ated	FEBRUARY						
ated	CINCING		of a member or a	uthorized represen	tative of a member		<del>- 63</del>
ated				•			FEB 24

Page 3 of 3

Filing Fee: \$25.00