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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	NO B	
	Office Use On	lv



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SECRETARY OF STATE TALLAHASSEE, FLORIDATE

No.

S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

KOOL MAINTENANCE SERVICES, L.L.C. CARLOS A RIVERA 8411 SW 38TH ST. MIAMI, FL 33155

SUBJECT: KOOL MAINTENANCE SERVICES, L.L.C

Ref. Number: L16000000438

We have received your document for KOOL MAINTENANCE SERVICES, L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00009659

10:

COVER LETTER

Registration Section Division of Corporations

SUBJECT:	Cool Maintena	nce Services, L ited Liability Company	. L. C	
	Name of Lim	ited Liability Company		
		,		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Carlos	A. Rivera		
		Name of Person		
	Kool Mainte	-nance Services L	L.L.C	
		Firm/Company		
	8411 SW 38	th ST		
				_ Zg :
	Miami/H	City/State and Zip Code		TO HAY 31
		City/State and Zip Code		O ME
	KODIMGINTENAN E-mail address:	ceservices@yahoo. 63-	n	中年
For further information co	oncerning this matter, please of		<i>loudony</i>	PH 5: 13
Carlos A	Rivera	at (954) 825-3 Area Code Daytime	<i>1882</i>	13 Br
Name of		Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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

Kool Haintenand	ce Services, L.	.L.C	
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability (Florida document number / 16000000 438	Company were filed on _	Floride	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		 	
(Principal office address MUST BE A STREET ADD	RESS)		- 1 2
			6 FE
			电影
Enter new mailing address, if applicable:			<u>3</u> 58,75
(Mailing address MAY BE A POST OFFICE BOX)			2 29
			형 교육
			75
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			······································
New Registered Office Address:			
	Enter Flo	orida 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

Title	<u>Name</u>	Address	Type of Action
MGR	Carbs A. Rivera	8411 SW 38th ST, Miani, F	/ 33/55 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
	······································		- Add ARR
	·		CRETARY OF STANDARY OF STANDARY 31 Change
			Add
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E. Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605. g requirements, this date will not be liste	.0207 (3)(ed as the
If the record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlie	er of:
Dated 5/1/16		
Dated 5/1/16 Corles A. R. Signature of a member or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00