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(Re	questor's Name)	<u></u>
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

	Registration Sec Division of Cor				•	
CUBICO	r	PRO	COOL, LLC			
SUBJECT	1;	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
Please retu	irn all correspo	ndence concerning this matter	to the following:			
		DUSTIN HALL				
			Name of Person			
		PRO COOL, LLC				
			Firm/Company			
		5151 NE 103 TER				古品
			Address			
•		BRONSON, FL 32621				.22
		BDOCOOL A COCMAIL	City/State and Zip Code			TALLAHASSELITES
		PROCOOLAC@GMAIL E-mail address: (to be used for future annual i	report notification)		က် ု
For further	r information co	oncerning this matter, please c	all:			9
	DUSTIN	N HALL	352 aı ()	405 - 1355		
	Name of	Person	Area Code	Daytime Teleph	one Number	
Enclosed i	is a check for th	e following amount:				
\$25.00	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Registra	NG ADDRESS: ation Section n of Corporations	Registrati	C/COURIER AD ton Section of Corporations	DRESS:	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRO COOL, LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document numberL16000125475	n 6 / 30 / 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	23
	ું છુ
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 registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r 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>	<u>Address</u>	Type of Action
MGR DUSTIN HALL		5151 NE 103 TER	Add
		BRONSON, FL 32621	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add Add Silver Change Pl 3: 09
		.——————————————————————————————————————	□ Add Add Add Add Add Add Add Add Add Ad
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			DAdd 09
			□ Remove
			☐ Change
		 	Add
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		.	Remove
			☐ Change

). If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. ,	
	15 JUL 22 PH 3: 09
	22
(If an e	ctive date, if other than the date of filing:
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d_7/20/16
	1 2 W Han
	Signature of a member or authorized representative of a member
	DUSTIN HALL

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Filing Fee: \$25.00