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SEGRETARY OF STATE
ASSESSED. FLORIDA

M. MILLIGAN



COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	AME COO	BIEF	7 5 117	
		lame of Limited Li	ability Company	
The enclosed Articles	s of Amendment and fee	(s) are submitted	l for filing.	
Please return all corre	espondence concerning	this matter to the	following:	
		Trav	A Veras	
			Name of Person	
	· · · · · · · · · · · · · · · · · · ·		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	13714	sont.	Address	18T-A
,- } .	We.	llington	/State and Zip Code	33414
155 16 15	. Y . W. 114	olaiv 16 ail address: (to be u	Sed for future annual report no	tification)
For further information	on concerning this matte	er, please call:		
Inc	A Veras		at (561) 260	0-9115
Nar	me of Person		Area Code Daytii	me Telephone Number
Enclosed is a check f	or the following amoun	t:		
\$25.00 Filing Fee	e \$30.00 Filing Certificate o	Fee & f Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reį Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle

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

AR	FICLES OF . T(AMENDMENT		
ART	_	RGANIZATION	ı 🦠	The Control of the Co
Name of the Limit	OL Bree	ny as it now appears on ou	r records.)	
The Articles of Organization for this Limited Li Florida document number		were filed on	-14-201	b and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of AMC COOL AIR (The new name must be distinguishable and contain the w	(on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		Wellingto Whiter	outlovia State	CT APTA da 334114
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/ registered agent and/or the new registered of			records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	13716	Suffauf Enter Florida street	et address	1 1
	Welli	ngton	, Florida <u>33</u>	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** Name **Address Type of Action** Juan A Veras 13716 SUAFTOWER CT □ Kdd APTA Wellington Fl ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove

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		date of filing:		5.51	(optional)) z.) Pursuant to	605.02
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