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SECRETARY OF STATE
IALLAHASSEE, FLORIDA

AUG 15 2019

S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	MOUREL	LE REFRIGERATION SERVI	CES LLC	
subj	ECT:			
		Name of Lim	ited Liability Company	
The er	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		EDUARDO UELTSCHI		
			Name of Person	
		UELTSCHI&CO		
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	
		32 8 OSPREY AVE STE	101	
			Address	
		SARASOTA, FL 34236		
			City/State and Zip Code	
		RA@UELTSCHLCO		
		E-mail address: (	to be used for future annual report no	otification)
For fu	rther information co	oncerning this matter, please ca	all:	
EDU	ARDO UELTSCHI		941 5498549	
	Name of	'Darean	at () Area Code Davt	ime Telephone Number
	ivanie (i	i cison	Area Code Daye	mic receptone runner
Enclo	sed is a check for th	e following amount:		
<b>5</b> \$2	25,00 Filing Fcc	□ \$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:

the state of the state of the state of

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

MOURELLE REFRIGERATION		
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records
The Articles of Organization for this Limited L. Florida document number	• • •	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the	ords "Limited Liability Company" the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		SI 1776 OF GIE WOOD MANUAL TATALO.
Principal office address MUST BE A STREI		
The course of the address MOST BLASTKE	1 ADDR(33)	
		AE: 35
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 o		records, enter the name of the na
Name of New Registered Agent:	CARLOS MOURELLE	
New Registered Office Address:	3099 8TH ST	,
	Enter Florida stree	et address
	SARASOTA	34237

## 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

f 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 M	CARLOS J. MOURELLE GALLARDO	3099 8TH ST SARASOTA, FL 34237	<b>≅</b> Add
			□ Remove
			Change
MGR M	CARLOS D. MOURELLE GALLARDO	3099 8TH ST SARASOTA, FL 34237	■ Add
			□ Remove
			Change
	<del></del>		
			□ Remove
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to date of filit k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
ecord specifies a delayed ene 90th day after the recor		tive time, at 12:01 a.m. on the earlier
AUGUST 1ST	2019	
ed	Carles & South 8	
	gnature of a member for authorized represe	entative of a member

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Filing Fee: \$25.00