217000176846

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000314730280

07/16/18--01037--018 **25.00

18 IIII 16 PM 1: 33

N COOPER JUL 17 2018

COVER LETTER

TO:			•	
SUBJE		LLC		
SUBJE		Name of Person Area Code Daytime Telephone Number a check for the following amount:		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrea & Chunnie Ricke	etts	
			Name of Person	
		EZ Cooling LLC		
			Firm/Company	
		419 NW 1st Terr, Unit A		
			Address	
		Deerfield Beach, FL		
			City/State and Zip Code	
P 6	.h : . C		·	notification)
		oncerning this matter, please ca		
Andre	a Ricketts	at ()		
	Name o	f Person	Area Code Day	ytime Telephone Number
Enclos	ed is a check for th	ne following amount:		
₽ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

EZ Cooling LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records. Iorida Limited Liability Company))
The Articles of Organization for this Limited Liabil Florida document number L17000176846	ity Company were filed on August 18, 2017	and assigned
his amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	= 2
Principal office address MUST BE A STREET A	DDRESS)	SECH
		6 CRY CO
Enter new mailing address, if applicable:		3
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	T AT
		သိ တိုင်
3. If amending the registered agent and/or in registered agent and/or the new registered office		enter the name of the no
Name of New Registered Agent:	Andrea P. Ricketts	
New Registered Office Address:		
	Enter Florida street address	
_	, Floi	
	Ciry	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

1f 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>	Name	Address	Type of Action
MGR 	Chunnie L. Ricketts	419 NW 1st Terr #A, Deerfield E	■ Add
			□ Remove
			Change
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		□ Remove	
			Change
			□ Remove
			☐ Change

_		· ·	
	<u> </u>		
			9
		ಹ	MOISIAID
		<u> </u>	2
			ָרָרָ בַּי
			Š
		<u>ω</u>	7
	date, if other than the date of filing:	.1\	
f an effect Note: If	date, if other than the date of filing:	ng.) Pursuant to 605.0.	207 l as
ie reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	n, on the earlier	r of
Dated _	7/11/18		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00