L1700022225

| (Requestor's Name) | |
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| (Address) | <u>.</u> |
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone # |) |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name |) |
| (Document Number) | · |
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| Certified Copies Certificates of | f Status |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|--|---|---|
| SUBJECT: West (| Florida Cooling Name of Limite | LLC ed Liability Company | |
| The enclosed Articles of Ar | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspond | lence concerning this matter to | o the following: | |
| | Cody A. Ba | Name of Person | |
| | West Florida | Cooling UC Firm/Company | |
| | 4371 Northla | KE BIVD #340 Address | |
| | Palm Bach Garde | City/State and Zip Code | |
| | Blacircondition E-mail address: (to | ning Samail. Com be used for fludre annual report notificat | tion) |
| For further information con | cerning this matter, please cal | ıl: | |
| Cody A · Bo | Person | at (<u>.35)</u> 834 46) Area Code Daytime Te | Clephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Florida Cooling U.C.

| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700022225</u> . | were filed on io/26/2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| B1A AirConditioning LLC The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Port St Lucie FL, 34953 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4371 Northluke BND 340 P.B.G. FL, 33410 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | |
| Name of New Registered Agent: | AN T |
| New Registered Office Address: | Enter Florida street address: |
| | 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 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> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an effect ote: | tive date, if other than the date of filing: |
| is file | |
| ated . | Ja' wary 8 2021. Cody Brus Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | |
| | COLY A. Boneco. Typed or printed name of signee |