

LIB000041194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

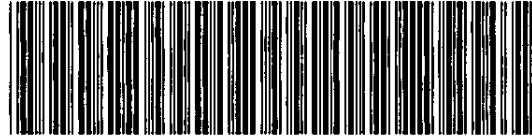
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dr. Kool 2 Air Conditioning LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Cona

Name of Person

Treiser Collins PL

Firm/Company

3080 Tamiami Trail E.

Address

Naples, Florida 34112

City/State and Zip Code

CCONA@INFLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Cona

Name of Person

at (239)

Area Code

649-4900

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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)

☐ \$60.00 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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Dr. Kool 2 Air Conditioning LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 14, 2018 and assigned Florida document number 618000041194.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
The 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:**

(Principal office address MUST BE A STREET ADDRESS)

25750 Tropic Acres Dr.  
Bonita Springs, FL 34135

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

25750 Tropic Acres Dr.  
Bonita Springs, FL 34135

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MAIK MANER (same none change)

New Registered Office Address: (New Address)

25750 Tropic Acres Dr.

Enter Florida street address

Bonita Springs  
City

Florida

34135  
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.*

N/A  
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>	<u>Type of Action</u>
AMBR	Mellisa MANER	24951 Old 41 Rd #7	<input type="checkbox"/> Add
		Bonita Springs, Fla 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK MANER	24951 Old 41 Rd #7	<input type="checkbox"/> Add
		Bonita Springs, Fla 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melissa MANER	25750 Tropic Acres Dr.	<input checked="" type="checkbox"/> Add
		Bonita Springs, Fla 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK MANER	25750 Tropic Acres Dr.	<input checked="" type="checkbox"/> Add
		Bonita Springs, Fla 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 26, 2018

Choi Conn Ely FBN 0141178  
Typed or printed name of signer