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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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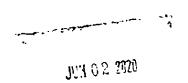
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2020 JUN-1 AH 9: 30 SECRETARY OF STATE TALLAHASSEE FIORID



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TLORIDA COOLING AND REFRIGERATION LCC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: DSCAP ACTIVE
FLORIDA COULING AND REFRIGERATION LCC.
7121 SOMERTON BIVD Address
For further information concerning this matter, please call:
Name of Person at (407) 375-9290 Area Code Daytime Telephone Number
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Siter Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA (OOLING AND (Name of the Limited Limited Limited Limited)	REFRIGIERATION	266	
(Name of the Limited Liability Comp. (A Florida Limited	uny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 6-26-/8	and assigned	
Florida document number <u> </u>	3	2020 SE	
This amendment is submitted to amend the following:		CRET	" <u>i</u>
A. If amending name, enter the new name of the limited liab	N/A	-I AF	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	obreviarion L.L.G.	_,
Enter new principal offices address, if applicable:		<u>3</u>	_
(Principal office address MUST BE A STREET ADDRESS)	N/A		_ _
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new regist	_ tered
Name of New Registered Agent:	a//A		
New Registered Office Address:	Enter Florida street address		_
	, Florida		
	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 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>	Address	Type of Action
M6R	Oscar Acevelo	7/21-50MARTON BIVE	∑ Z ∕√dd
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JUST ADDING OSCAR ACEVEDO)	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	arlier of: (b) The 90th day af	fter th
Dated 5-28 20		
Signature of a member or authorized representative of a men (1) SCIAR BIELED O Typed or printed name of signee		

Filing Fee: \$25.00