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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor				
Cool Monte	: Air LLC			
SUBJECT:	Name of Lim	ited Liability Company		
m				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian R. Symons			
		Name of Person	<del></del>	
	Cool Monte Air LLC			
	<u></u>	Firm/Company		
	3757 Pyrite Drive			
		Address	<del></del>	
	Orlando, FL 32826			
		City/State and Zip Code		
	brimonte@gmail.com  E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Brian R. Symons		973 868-0281		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Parkey die a abeek fand	- Callendar amount			
Enclosed is a check for th	<del>-</del>		□ 640.00 ET Fam	
■ \$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 Addres		<u>Street Address:</u> Registration Sc	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUL 18 AM 8: 45

Cool Monte Air LLC

(Name of the Limited Liability Company as it now appears on our records

(A Florida Limited Liability Company) TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on 11/19/2018 and assigned Florida document number L18000269073
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regist</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Emer Ciorida Sireet dadress

## 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

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	
AMBR Brian R. Symons		3757 Pyrite Drive	\\\\\_\_\_\_\_\	
		Orlando, FL 32826		
CFO	Adria D. Symons	3757 Pyrite Drive	□Add	
		Orlando, FL 32826	□Remove	
			□Change	
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		□ Change		
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ument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on the earlier of: (h	) - The 9Ու	h day a	fter th
s filed.	n. on the carrier or. (o	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n day a.	
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ed July 13, 2022				
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