## LA000 153060

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Dr. Carlotte, Land Dr. Berger,

2019 JULYS 151 3: 40

Amend

JUL 2 4 2019

I ALBRITTON

## **COVER LETTER**

TO:	Registration Se Division of Cor		`	
or:n.r		COOLING TOWERS SERVIC	TES	
SORTI	ECT:	Name of Lim	ited Liability Company	
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:	
		ALEX MOREL		
		EXPRESS COOLING TO	Name of Person WERS SERVICES LLC	
		P.O BOX 561022	Firm/Company	
		MIAMI FL, 33256	Address	
			City/State and Zip Code GTOWERSSERVICES.COM	
			to be used for future annual report notifi	cation)
	MOREL	oncerning this matter, please ca	786 218-7298	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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:

TO:

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

EXPRESS COOLING TOWERS	SERVICES,LLC	
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on <u>JUNI</u>	E 10, 2019 and assigned
lorida document number L19000153060	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here	;
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	= BOX)	ట
		40
3. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	.,	ur records, enter the name of the
	3550 WASHINGTON STREET	
New Registered Office Address:		street address
	HOLLYWOOD	
	City	Florida 33021 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
MGR	MARCIA FELICIANO	3550 WASHINGTON STREET HOLLYWOOD FL, 33021	■ Add
			<b>5</b> .5
			Remove
			Change
			Add
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		JULY 10, 2019	)		
ctive date, if other than effective date is listed, the date e: If the date inserted in thi innent's effective date on the	must be specific and s block does not n	d cannot be prior to dence the applicable	late of filing or more to e statutory filing red	(optional han 90 days after filin quirements, this dat	g.) Pursuant to 605.020
record specifies a dela ne 90th day after the			n effective time	e, at 12:01 a.m	on the earlier (
JULY 10		,			
	2/2 -	$\sim \rho$			

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Typed or printed name of signee

Filing Fee: \$25.00