Division of Corporations



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Division of Corporations

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From:

Account Name : API PROCESSING Account Number : 120110000069 Phone : (954)567-0013

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one esail address please.

Bosil Address: Kolypapi processing com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COOLING RESOURCES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

HO.253 #002

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Page 2064

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cooling	Resources, LLC		
(Nume of the Limited Liability C (A Florida La	ompany as it now appear- nited Linbility Company)	con our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L19000178805	pany were filed on	July 10, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company he	<u>rc</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the di	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			2;
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u>=</u> ===================================
			-
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on <u>s here</u> :	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	· · · · · · · · · · · · · · · · · · ·
		, Florida _	
	City		Zıp 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

Page 1 of 3

HO.253 #003

8 556 ecc 2000 BIM

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>	Name	Address	Type of Action
MGR	Humberto J. Orjucia	8151 SW 4th Place	
		North Lauderdale, FL 33068	es Aud
		North Lauderdure, 115 55000	☐ Remove
			☐ Change
	,		Add
			☐ Remove
			□ Change
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		<u> ——————————————————————————————————</u>	Add
		. 	□ Remov e
			○ Change

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		2019 57
		PH 61
		<u></u>
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 90 da Note: If the date inscreed in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	_ (optional) ws after films.) Pursuant to 605.02:	07 (3)(b) ss the
the record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	2:01 a.m. on the earlier	of:
Dated 1 50pt 10 , 2019		

Page 3 of 3

Typed or printed name of signice

Filing Fee: \$25.00