L19000184159

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10/17/23--01038--001 **30.00

COVER LETTER

TO:

Registration Section Division of Corporations

	IAKESITHAPPEN , LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GERARDO CAJUSO				
		Name of Person			
	CAJUSOMAKESITHAPI	PEN LLC			
		Firm/Company			
	11422 NW 89TH AVENU	IE.			
	·····	Address			
	HIALEAH GARDENS, F	L 33018	SECRETY OF F		
		City/State and Zip Code			
	taxesaplus@gmail.com				
	E-mail address: (to be used for future annual report noti			
For further information c	oncerning this matter, please c	all:	် က ကျင်းကြွေ		
GERARDO CAJUSO			, ₁ , 1		
Name o	d Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he 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 radditional copy is enclosed		
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAJUSOMAKESITHAPPEN LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on c Limited Liability Company)	our records.)
he Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{07/17/20}{1}$	019 and assigned
orida document number 1.19000184159		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
AJUSO COOLING LLC		
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDR	ESS)	2978 OC SEDIG
nter new mailing address, if applicable:	N/A	21
Tailing address MAY BE A POST OFFICE BOX)		
		27 0
		:11
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our record	
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida st	reet 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

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0.
e: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.		
one of the same of		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) Th	e 90th day after t
s filed.		
October 5th. 2023		
DocuSigned by:		
Signature of a member or authorized representa		
Name of the state	tive of a member	