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SECRETARY OF STATE
TALL AHASSEF FLORID.

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: GED AIR CON	iditioning, LLC
Nam	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
_ Ec	Name of Person
<u>G & D</u>	Air Conditioning, LLC Firm/Company
<u>18168</u> v	12 61St Court Address
thele as	City/State and Zip Code
	City/State and Zip Code
- C)077	2 celo 2 & devin@ Comcast = net
For further information concerning this matter.	
Edwin Gonzalez Name of Person	at ($\frac{786}{\text{Area Code}}$) $\frac{269 - 8584}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount: \$\Boxed{1} \S25.00 \text{ Filing Fee} \Boxed{5} \S30.00 \text{ Filing Fe}	
☐ \$25.00 Filing Fee	Status Certified Copy Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&D Air C	onditioning, LLC	
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 2000</u> 085548		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Coolex Air Conditions The new name must be distinguishable and contain the words "I.	ing, LLC	
The new name most be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the affireviation L.L.C."
Enter new principal offices address, if applicable:		PR
(Principal office address MUST BE A STREET AD)	DRESS)	(S) (S) (S)
	<u></u>	Fig. >
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 .	29
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	name of the new registered
No. 11 Colored Development America		
Name of New Registered Agent:	*	
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	a
	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
			□Add
			🗆 Remove
			□Change
			□Add
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ecord specifies	a delayed effective	date, but no	t an effectiv	e time, at 1	2:01 a.m. on	the earlier o	f: (b) The 90)th day aft	ter the
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