LZO 000095197

(Re	equestor's Name)	-
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(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
— (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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6/24/20

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

FO:	Registration Sectorial Division of Corp.			
SUBJE	ст: <u>60</u>	TCY AST Name of Lim	ited Liability Company	y
		mendment and fee(s) are sub		
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Delano 1	Aeath-Kerr Name of Person	·····
			Firm/Company	
		821 T	Address	
			City/State and Zip Code City/State and Zip Code Office of Total Company	
		E-mail address: (to be used for future annual report notific	ration)
For furt	her information co	neerning this matter, please c	all:	
<u>D</u> e	Name of	teath-Kerr	at (<u>186</u>) <u>553</u> Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Solivision of Co	ection	Street Address: Registration Sect Division of Corp	

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SO ICY ATR	Condetioning	- UC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. P hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>CH - 20 -</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SO ICY UC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
		# 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zin Code
	Cuy	гір Сойе
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>	Name	Address	Type of Action
			_ _ _ _ _
			□Remove
			□Add
			□Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:	7 (3) s the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.	:
Dated 500e 4 . 2020.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00