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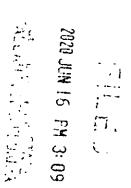
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## **COVER LETTER**

TO:

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SUBJECT: PD	R REFRI	GRATION	LLC
		ited Liability Company	
The analogist Agricles of	Amendment and fee(s) are sub	inited for Olive	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	Paul	Riddle 5 Name of Person	<del></del>
		Firm/Company	2020 JUN 16
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	PENSACO	Address  LA FL 37  City/State and Zip Code  Pla 6 gmail. Cu	576
	downingco	to be used for fully annual report notif	)// : S
	n-man address; (	to be used for native annual report noni	ication)
For further information c	oncerning this matter, please of	all:	
Kaul K	iddles	at (850) 232	-1405
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	etion
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 05/29/2020 and assigned Florida document number L20000/46/76.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PDR REFRICERATION

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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cord specifies a delayed effective date, but not an effective time, a sfiled.	at 12:01 a.m. on the earlier of: (b) The 90th day after t
+ 10th	
ted June 12th 2020	
	d representative of a member

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