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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATI



COVER LETTER

TO: Registration So Division of Co				
SUBJECT:	L Air Dale	LLC	·	
,	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Wendell lac	wrence Jr. Name of Person		
	Cool Air	Dale UC Firm/Company		
	411 NW1St.	Street	STORE TALL	7021 JAN
	Boynton Beau	City/State and Zip Code	SYHW SSYHW SO ARWI	JAN 19 PM 3: 46
	dale32.wlQ E-mail address: (gmail. Com to be used for future annual report not	ification)	3: 46
For further information of	concerning this matter, please c	all:	·	
Wendell lau Name o	Whence Jr. Of Person	at (<u>561</u>) <u>306-0</u> Area Code Daytin	17C2 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 F Certificate of S Certified Copy (additional copy is	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

OF OF

The Articles of Organization for this Limited Liability Compan	ny were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		\$ <u></u> \$		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	e address on our records,	CREATION 19 PM 3: L6		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
-	City	, Florida Zip Code		

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

New Registered Agent's Signature, if changing Registered Agent:

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
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			🗆 Change
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		Boynton Beach, FL. 33	343.5 Themove
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ecord specifies a delayed effective date, l	out not an affactiv	ra tima, at 12:01	o mo an tha aarli	ar of: (b) T	ha 00•h	day after th
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