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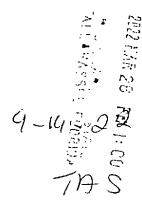
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COVER LETTER

Division of Corp			
SUBJECT: F10	rida Cooling Name of Limi	de Sign 4C ted Liability Company	
	mendment and fee(s) are sub-	ū	
	Uriel Ma	Name of Person	
	_	coling design LLC	
		Address	
		City/State and Zip Code 5 11 @Gma, 1 Com to be used for future annual report noti	
For further information cor	ncerning this matter, please ca		
Uriel man	Jaras Person	at (<u>863</u>) <u>532 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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:		Street Address:	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on Florida Cooling of and assigned
Florida document number <u>L 22 0 co 0 3 7 9 3 4</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here: Florida Cooling design LLC
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7567 NW 86th Court
(Principal office address MUST BE A STREET ADDRES.	
Enter new mailing address, if applicable:	7567 NW 86th courts ckeechabee, FC, 39972
(Mailing address MAY BE A POST OFFICE BOX)	ckeechabee, FC, 39,772
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent: Wie	1 Mongoros
New Registered Office Address: 75	67 nw 86th Cort Enter Florida street address
	Chobee , Florida 34972
	zą 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.

Wie mongore 5
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
<u>AMBR</u>	Uriel Mongaras	7567 NW 86th Cart	🗹 Add
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effective date is	listed, the	date must be sp	ecific and c	annot be pri	or to date of	filing or mor	e than 90 day	s after filin	g.) Pursua	nt to 605.02
e: If the date ument's effect						tory ming	requiremen	ts, this dat	e wiii no	t be listed
cord specifies	a delayed	effective date	, but not a	n effective	time, at 12	:01 a.m. on	the earlier	of: (b) 1	he 90th o	lay after th
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