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11/07/23--01015--019 **25.00



COVER LETTER

Division of Corporat	ions	,	*¥.
SUBJECT: DUAL	Name of Lim	Refrigeration ited Liability Company	LLC
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for tiling.	
Please return all correspondenc	e concerning this matter	to the following:	
_	Luis	Garcia Name of Person	_
_	AC expert	5 & vefrigerat	ion
	913 SE	8 D Ave	
	oveech	City/State and Zip Code tsandrefigago to be used for future annual report no	1974
_	E-mail address: (1	ts and refragago	mail.com
For further information concern	ing this matter, please ca	ıll:	
Luis Garci Name of Perso	<u>a</u>	at (<u>863</u>) <u>634</u> Area Code Daytir	-3117 ne Telephone Number
Enclosed is a check for the follo	owing 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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

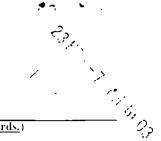
TO:

Registration Section

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**



(1) to the Chime	Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000783</u> 65		17/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
AC experts ? refrigera	ation LLC pility Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida
New Registered Agent's Signature, if changing Registered Agent	•	, Florida Zip Code

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 ,
			□Remove
			□Change
			□Add
			□Remove
			
			☐Change
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			□Remove
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		<u> </u>	□Remove
			□(hynge

Page 2 of 3

	
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(If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	November 3 rd . 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Fig. 1 by mint 1 mm, A 7 m 7