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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2022 OCT 31 AM II: 29 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	CT: JP Air	Cold LLC		
			nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		- Jian Re	Name of Person	
		JP Air CO	IC LLC Firm/Company	
		619 E Ker	HUCKY AVE Address	
		Deland Flox	i Ch 32724 City/State and Zip Code	
		E-mail address: (30 (MC) - COM to be used for future annual report noti	fication)
For furtl	her information c	oncerning this matter, please of	all:	
	Name o	CA-VC f Person	at (<u>GSV</u>) <u>478 - Q</u> Arca Code Daytim	e Telephone Number
Enclose	d is a check for th	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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP Air Cold LIC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22CCO2O7C82</u> .	wwere filed on HON O2, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	619 E KEDTUCKY AVE
(Principal office address MUST BE A STREET ADDRESS)	Deland Florida 32724
Enter new mailing address, if applicable:	WIGE KENTICKY AVE
(Mailing address MAY BE A POST OFFICE BOX)	Deland Florida 32724 THE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip 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.

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
			□ Remove
			□Change
			□Add
			□Remove
			□Add
			□ Remove
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