

7/22/22, 11:21 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L22 000254592

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SUPPORT@LICENSESETC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COOL COUNTRY AIR LLC**

Certificate of Status	0
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Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 26 2022

A. Brumbley

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: COOL COUNTRY AIR LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA ADAMS

Name of Person

LICENSES ETC., INC.

Firm/Company

27911 CROWN LAKE BLVS, SUITE 211

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SUPPORT@LICENSESETC.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS

Name of Person

at ( 239 )

Area Code

777-1028

Daytime Telephone Number

Enclosed is a check for the 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 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

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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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>JOSHUA J. MAINES</u>	<u>11071 LAFAYETTE LANE</u>	<input checked="" type="checkbox"/> Add
		<u>NAPLES, FL 34114</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>ELIZABETH A. MAINES</u>	<u>11071 LAFAYETTE LANE</u>	<input type="checkbox"/> Add
		<u>NAPLES, FL 34114</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE ADD EIN 88-2738701

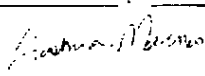
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated JULY 21, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSHUA J. MAINES

\_\_\_\_\_  
Typed or printed name of signee