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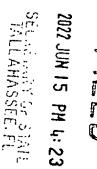
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kingdom Air Conditioning Services 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:
Melvin Cerna Zavala Name of Person
Firm/Company
27391 Imperial Oaks Cir
Bonita Springs FL 34135 City/State and Zip Code
Cerra 77556 gmail. com E-mail address: (to be used for-future annual report notification)
For further information concerning this matter, please call
Melvin Cerna Zavala at 239, 221-4404 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Kingdom Air C	anditioning Services at 1 C
(Name of the Limited	Onditioning Services of LC. Liability Company as it now appears on our records ALLAHASSEE, FL. Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on June 06, 2022 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of t	he limited liability company here:
SUPER COOL HC SE The new name must be distinguishable and contain the work	RVICES LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Re	City 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Add
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Effective date, if other	the date must be speci ed in this block does	ific and cannot be prior s not meet the applic	to date of filing or mable statutory filin	nore than 90 days afte	ional) er filing) Pursuant to 605 is date will not be list	
locument's effective d			ime, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	r the
ocument's effective da record specifies a dela	iyed effective date, h	out not an effective ti				
record specifies a dela	yed effective date, b	2027	<u>. </u>			
record specifies a delad is filed.	10 Mu	2027	<u>. </u>	of a member		

Filing Fee: \$25.00