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A. DUTLUT: NOV 1 4 2022

· COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	R COOL LLC		
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rasheem Edward		
		Name of Person	
	Zenbusiness Inc		
		Firm/Company	
	5511 Parkcrest Dr. Suite 1	03	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report to	otitiestian)
For further information	concerning this matter, please c		
Zenbusiness Inc c/o Ra	sheem Edward	844 4936249 at ()	
Name	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration S Division of C	
P.O. Box 63		The Centre of	•
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 HR AIR COOL LLC

company has been notified in writing of this change.

2022 AUG 22 PM 3: 20

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appear	rs on our records.)	
(X Fiorida Elimited	chaomiy Company)	TALL AUGUST STATE	•
The Articles of Organization for this Limited Liability Company	were filed on 6/.	30/2022 all all all all all all all all all a	nd assigned
Florida document number 1.22000294873			G
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
Emperor Cooling Service LLC			
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the c	designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	,4		
B. If amending the registered agent and/or registered office	address on our r	records, <u>enter the name of th</u>	ne new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
rew registered office readiess.	Enter Flo	rida street address	
		Florida	
	City	, Florida Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	<u>1</u>		
I hereby accept the appointment as registered agent and agr	ree to act in this	canacity I further agree to	comply with the
provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as	•		
being filed to merely reflect a change in the registered office	r address, I herei	by confirm that the limited i	lability

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
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Effective date, if other than the If an effective date is listed, the date must	lock does not meet the a	pplicable statutory fili	goption more than 90 days after fil ing requirements, this d	al) ing.) Pursuant to 605.0207 (ate will not be listed as t
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Note: If the date inserted in this bidocument's effective date on the Die record specifies a delayed effective dis filed. Dated 8/13		·		The 90th day after the