

L23000020192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

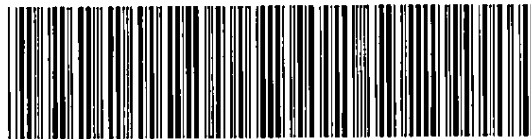
(Business Entity Name)

(Document Number)

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FILED  
2023 MAR -3 AM 9:13  
TALLAHASSEE, FL

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2023 MAR -3 AM 11:41  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

3/6/2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
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COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/03/2023

Name: Merritt Walker

Reference #: 1930101

Entity Name: JAX COLD CONSTRUCTION, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE FILING EVIDENCE  
CERTIFICATE OF STATUS UPON FILING

Authorized Amount: \$60

Signature: *mw*



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

**FILED**

2023 MAR -3 AM 9:13

JAX Cold Construction, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 18, 2023 and assigned Florida document number L23000020192.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JAX Refrigeration, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

901 7th Ave S.

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville Beach, FL. 32250

Enter new mailing address, if applicable:

901 7th Ave S.

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville Beach, FL. 32250

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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