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(Requestor's Name)					
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Cooling Same of Limit	ed Liability Company	
	Amendment and fee(s) are subn	-	
Please return all correspondence	ondence concerning this matter to	o the following:	
	<u> Yander</u>	Covcio	NOJUEZ
	Ac coolin	19 30.5 LLC Firm/Company	
	13/60 SW	7th Ct Address	
	DAVIE	FI 33325 City/State and Zip Code	
	accooling 2 E-mail address: (10	SDS @ gmail. Co be used for future annual report noti	tication)
For further information	concerning this matter, please ca	II:	
<u>Yander</u>	Garcia No	VZ at (786) 714- Area Code Daytim	9485
Name (of Person J	Area Code Daytim	e Telephone Number
Enclosed is a check for (he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC cooli	ng 305	LLC	250		
(Name of the Limited (A	Liability Company as Florida Limited Liabil	it now appears on our ity Company)	<u>records.) 2024 ÛCT 24</u> AN 8:47		
The Articles of Organization for this Limited Liab Florida document number <u>L 230 000 23</u>	ility Company wer 176	e filed on 1011	4 2024 Land assigned in FL		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability	company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable of the Astractal	le:	ompany," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BO	<u> </u>				
B. If amending the registered agent and/or regingent and/or the new registered office address b		ess on our records, g	enter the name of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
		City	Florida 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>	Name	Address	Type of Action
MGR	Aine Noguez Albiza	13160 SW 7th ct OAVIE Fl 3	1325 ZAdd
			□Remove
			□Change
	value of the control		🗆 Add
			□Remove
			🗆 Change
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			□Add
			□Remove
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			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member