## Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070 Phone

(888)462-3453

Fax Number

: (877)919-2613

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

Email Address: \_\_\_

EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FABELOAIRCONDITIONING AND HEATING LLO

Certificate of Status	0
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Page Count	05
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MAY 13 2024

## **COVER LETTER**

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TO:	Registration So Division of Co		•	<u>.</u>	1
SUBJE		IRCONDITIONING AND HE	EATING LLC		<b>3</b>
30032	····	Name of Lin	nited Liability Company	<del></del>	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	•		
		LOVETTE DOBSON			
			Name of Person		
			Firm/Company		
		17350 STATE HWY 249	STE 220		
			Address	···	
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CO	City/State and Zip Code M		
		E-mail address: (	to be used for future annual report noti	lication)	
For furt	her information c	oncerning this matter, please c	all:		
LOVET	ITE DOBSON		1 888-462-345	3	
	Name o	f Person		e Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b>■</b> \$25	5.00 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 State Certified Copy (additional copy is enc	

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

## TO ARTICLES OF ORGANIZATION OF

•	RCONDITIONING AND HEATING LLC			
(Name of the Lim	ited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	)	•	
. The Articles of Organization for this Limited I	Liability Company were filed on 01/18/2023		and assig	gned
Florida document number L23000033559		-	,	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company here:			
Cool Wave AC and Refrigeration LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company." the designation "LLC"	or the abbrev	iation "L.L	.C."
Enter new principal offices address, if appli				
(Principal office address MUST BE A STRE	ET ADDRESS)			
	<del>- 11 </del>			
Enter new mailing address, if applicable:				
		<del></del>		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>		
	· · · · · · · · · · · · · · · · · · ·			
		<b>GD</b>	20	
B. If amending the registered agent and/or	registered office address on our records, <u>enter th</u>	<u>ie пяте of</u>	the new	registere
agent and/or the new registered office addre	ess here:	LL:	Ħ	r)
		<u>:</u>	<del>-</del> :	
Name of New Registered Agent:	Ernesto Martinez Fabelo		ω ; — f	רד
			=== ;	<del></del>
New Registered Office Address:	Power Florida and definition		∾_`	
	Enter Florida street address	一言	ູ້ຜູ້	
	, Flor			<u> </u>
	City		in 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

5/13/2024 14:48:33 CDT

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>	Type of Action
AMBR	ARMANDO JIMENEZ	10421 MAHOGANY KEY CIR	
		MIAMI. FL 33196	
			☐ Change
			□ Add
			□Remove
			☐ Change
	<del></del>	<del></del>	
			□Remove
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		<del></del>	Change
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			□Change

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	<u> </u>
	•
ective date, if other than the date of	f filing: (optional) ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ie; ii the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department	nt of State's records.
cord specifies a delayed effective date, b s filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Sauea.	
s med.	
·	2024
·	
ed May 7	Ennesta Martinez Pabelo- re of a member or authorized representative of a member

Filing Fee: \$25.00