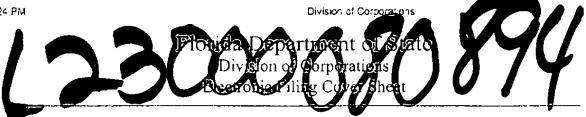
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839

Phone : (305)599-0839
Fax Number : (305)592-9591

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIG	}N

COOLING AND COMFORT M.C LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

HelpiAPR 2 6 2023

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOLING AND COMFO		
(Name of the Limited Liability Compa (A Florica Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on PL	and assigned
Florida document number 1.23000080894		
This amendment is submutted to amend the following		
A. If amending name, enter the new name of the limited hab	ility company here:	
The new name must be distinguishable and contain the words "Literated Liabi	No. 6 1 2 2 3 10 100	
	MANUEL ALEJANDRO SUAREZ CA	~⊃
Enter new principal offices address, if applicable:		21EIT (2)
Principal office address MUST BE A STREET ADDRESS)	1535 WEST 447H PLACE APT 202	
	HIALEAH, FL 33012	2 :-
Enter new mailing address, if applicable:		=
Mailing address MAY BE A POST OFFICE BOX		2: -
		j: G
3. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of thew registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florida	2: 0 !
	City	Zip Cede

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 505, 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>	Name	Address	Type of Action
MGR	MANUEL A SUAREZ CASTELL	1635 WEST 44TH PLACE, A PT 202	≅ Aċd
		HIALEAH, FL 33012	ПРОПОМЕ
			[]Change
			DAdd
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			[]Change
			□Add
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bHecti Ranaff	ve date, if other than the date of filing:
NUAL.	is the date inserted in this prock does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earber of: (b). The 90th day after the
Dated ,	04/25/23
	ELF.
	Signature of a thember or authorized representative of a member
	Signature of a member or authorized representative of a member Manuel Ale Lange & Swaray

Filing Fee: \$25.00