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R. HUNT 04/10/23

## COVER LETTER

TO:

Registration Section

Division of Cor	porations	po <sup>gree</sup>		
COLD BEA	AR AIR CONDITIONING LLO			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
ricase return an correspo	ondence concerning this matter	to the following:		
	DAINIER MASTRAPA A	COSTA		
	,	Name of Person		
	COLD BEAR AIR COND	ITIONING LLC		
		Firm/Company		
	3018 W CORDELIA ST			<u>~</u> ;
		Address		: <u>: :</u> : -
	TAMPA, FL 33607			20 L
	WANTA CONTAILEZOUNU	City/State and Zip Code		
	·-	VISTAINSURANCE.COM to be used for future annual report not	ification)	PH 3:36
For further information of	concerning this matter, please c	all:		35
YANARA GONZALEZ		• 813 965-5850		
Name o	of Person	Area Code Daytir	ne Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$5\$.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing I Certificate of Certified Copy (additional copy i	Status & y
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	• Street Address: Registration So Division of Co The Centre of	orporations	
Tallahassee,			ne Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT 'TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	<u>ears on our records.</u> ) y)		
The Articles of Organization for this Limited Liability Company were filed on 03/14/2023		_ and assigned	
lorida document number L23000130344			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company	here:		
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation	n "I I.C."	
nter new principal offices address, if applicable:	~		
•			
Principal office address MUST BE A STREET ADDRESS)			
	- <u>- 10</u>		
nter new mailing address, if applicable:			
	1107 ca	, 5	
Mailing address MAY BE A POST OFFICE BOX)	m Q 		
	m o		

## 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or renioved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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