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SEUSERARY OF STAT

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: LLL CLIMATE CONTROL LLC					
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHAOYE LIN				
		Name of Person			
	LLL CLIMATE CONTRO	OL LLC			
		Firm/Company			
	121 GOLDEN FERN DR.				
		Address			
	ST. AUGUSTINE, FL 320	092			
		City/State and Zip Code			
	incorp@mslulucpa.com	to be used for future annual report not	74		
For further information c	oncerning this matter, please c		meanon)		
		(2) (002 0700			
Lulu Wang Name of Person		at (626) 993-0788 Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLL CLIMATE CONTROL LLC			
(<u>Name</u> of the Lim	ited Liability ((A Florida Li	Company as it now appears on our reco mited Liability Company)	rds.)
The Articles of Organization for this Limited 1	and assigned		
Florida document number 1.24000145428			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	d liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2024
Enter new mailing address, if applicable:		N/A	FARY F
(Mailing address MAY BE A POST OFFICE BOX)			
			_{Ст.} О
B. If amending the registered agent and/or agent and/or the new registered office addr		ffice address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street addr	7156
	 _	, I	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>	<u>Name</u>	Address	Type of Action
MGR	CHAOYI LIN	121 GOLDEN FERN DR.	□Add
		ST. AUGUSTINE, FL 32092	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 05/08/2024 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. Dated <u>05/08</u> Signature of a member or authorized representative of a member CHAOYLLIN

Filing Fee: \$25.00

Typed or printed name of signee