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COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT:	MAX A/C	2 REFVIGERAT	ion LLC
	Name (of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) a	re submitted for filing.	
Please return all correspon	ndence concerning this n	natter to the following:	
		POBERTU J Oroz	20
		Name of Person	
	Ma	x A/c & Refriger	ation
		rimvCompany	
	94	101 SW 4th St	
			<u>.</u>
	MIO	im, FL 33174	
		City/State and Zip Code	
	E-mail add	dress: (to be used for future annual report no	tification)
For further information co	oncerning this matter, ple	ease call:	
Rober	to Oroza	at (305) 497 Area Code Daytin	4801
Name of	Person	Ārea Code Daytir	ne Telephone Number
Enclosed is a check for the	c following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee Certificate of Sta		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	aution

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

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

MAX A/C	l refr	46t m	tion	LL	C	
(Name of the Limited (A	<u>Liability Company</u> Florida Limited Li	y as it now app ability Compan	ears on our re	cords.)		_
The Articles of Organization for this Limited Liab Florida document number	ility Company v	vere filed on	04/	01/20	2 4 and	l assigned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	<u>ie limited liabil</u>	ity company	here:			
The new name must be distinguishable and contain the word	ls "Limited Liabilit		-			
Enter new principal offices address, if applicab	le:	94	01· Su	4 +h	st	APT 201
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>	MIA	mi fc	331	74_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ov.	940 M1a	1 SW MIFL	4th 331	s± 74.	Apt 201
indiang underess that BEALOGI OF FICE BO	<u> </u>					
B. If amending the registered agent and/or registered affice address by		ldress on ou	r records, <u>er</u>	nter the na	ame of the	new registered
Name of New Registered Agent:					· · · ·)	
New Registered Office Address:	940	<u>۱ کس</u>		S+	APT	201
	Mi	Enter I	Florida street ad		331	74
		City			Zip C	ode

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
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
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			□ Change
			□Add
			□Remove
			Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an effecti Note: If t	date, if other than the date of filing: 10/10/27 (optional) ve 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
ord is filed.	
Dated	October 09, 2024
	Signature of a member or authorized representative of a member
	Roberto Orozco
	Typed or printed name of signee

Filing Fee: \$25.00