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## COVER LETTER

SUBJECT: KLEIN COOLING LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	j
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person  Kurn Couing LLC  Firm/Company	
KUTN COULNG LLC Firm/Company	
38 BIRCHNOOD DR	
PAIN Cots & 32137  City/State and Zip Code  KIEN COOLING FLORIDS @ CMM12. COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KEVIN KIEN at (386) 387 - 1313  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	38 BIRLINWOOD DR
(Principal office address MUST BE A STREET ADDRESS)	PALM COAST FL 32137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	38 BIRCHWOOD DA PALM COAST, FL 32137
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be does not meet the a	e prior to date of filing o applicable statutory f	or more than 90 days after : iling requirements, this	filing.) Pursuant to 605,020 date will not be listed as
ocument's effective date on the Depar	tment of State's re-	cords.		
record specifies a delayed effective da lis filed.	te, but not an effec	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
ated 6/2/34				
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Filing Fee: \$25.00