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COVER LETTER

TO:

TO: Registration Se Division of Cor			
COLDWA	TER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy Whiteley		
		Name of Person	
	Coldwater LLC		
	 	Firm/Company	
	7009 Creek Stone Rd		
		Address	
	Milton, FL 32570		
		City/State and Zip Code	· · ·
	admin@coldwatergardens.c		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no atl:	tilication)
Marshall Erdman		305 984-3149	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>»:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Co	•
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

COLDWATER LLC

2022 JUN 21 PM 12: 57

(<u>Name of the Lamite</u>)	ed Liability Company as it now appears on our records. (A Florida Limited Liability Company)	TALLAHASSEE, FL		
The Articles of Organization for this Limited Lia	ability Company were filed on 10/30/2006			
Florida document number L06000105336				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE)	T ADDRESS)			
		-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u></u>			
B. If amending the registered agent and/or re	egistered office address on our records, <u>enter t</u>	he name of the new registered		
agent and/or the new registered office address	·· ——			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	rida Zip Code		
New Registered Agent's Signature, if changing R	•	гу сож		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I furter and complete performance of my duties, and stered agent as provided for in Chapter 605, Fregistered office address, I hereby confirm that	II am familiar with and 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>	Address	Type of Action
MGR	Timothy Whiteley	10 N Sunset Blvd Gulf Breeze, FL 32561	= Add
			Remove
			□Change
MGR	Marshall Erdman	1104 Stratford DriveEncinitas, CA 92024	🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this blocument's effective date on the D	st be specific a ock does not	ind cannot be prio t meet the appli	r to date of filing cable statutory	or more than 90	days after fili	ng.) Pursuant te	
record specifies a delayed effectivis filed.	e date, but n	ot an effective t	ime, at 12:01.	a.m. on the ear	lier of: (b)	The 90th day	after the
ated June 13		2022	—·,	\bigcap			
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Filing Fee: \$25.00