L/3000101870

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		of Status		
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2016 JAN 29 PH 4: 41

K.SALY EXAMINER FEB - 1

COVER LETTER

TO: Registration Section Division of Corporations					
CHRICA		andComfortProducts.com LLC	:		
Name of Limited Liability Company					
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please retu	rn all correspo	ndence concerning this matter (to the following:		
		Janet B. Brosan			
			Name of Person		
		ColdFectNoMore.com LLC			
	Firm/Company				
		P.O. Box 880763			
			Address	<u> </u>	
		Boca Raton, Florida 33488			
			City/State and Zip Code	•	
		tassy@coldfeetnomore.com			
			o be used for future annual report notifi-	cation)	
For further	information co	oncerning this matter, please ca	dł:		
Janet B. B	rosan		561 398-8832		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	e 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ChemoHatsandComfortProducts.com LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 06/17/13	and assigned	
Florida document number L13000101870			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
ColdFeetNoMore.com LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:	ColdFeetNoMore.com		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 880763, Boca Raton FL		
	33488		
registered agent and/or the new registered office address Name of New Registered Agent:	s nere:		
New Registered Office Address:			
	Enter Florida street	address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dut t as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	
<u>1</u> 1	f Changing Registered Agent, <u>Sig</u> .	nature of New Registered Agent	

2016 JAN 29 PM 4: 4 Type of Action

ALLAHASSEE. FLORID.

Add or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> <u>Name</u> _□ Remove _□ Change _□ Add _□ Remove ____ □ Change _□ Remove _□ Change _□ ∧dd □ Remove __ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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		2016 JAN 29 PM 4: 4	
		GUAHASSER SUL	
 		MASSER SIL	
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Note: If the date inserted in this	nust be specific and cannot be prior to date of filing or mo block does not meet the applicable statutory filing Department of State's records.	(optional) one than 90 days after filing.) Pursuant to 605.0207 (3)(requirements, this date will not be listed as the	
the record specifies a delay b) The 90th day after the r	red effective date, but not an effective tilecord is filed.	me, at 12:01 a.m. on the earlier of:	
Dated January 26,	2016		
	Signature of a member or authorized representative of	nt'a mambar	
Janet B. Brosan) Signature of a member of authorized representative of	or a memoer	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00