## L22000218320

(Re	questor's Name)	
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(City	y/State/Zip/Phon	e #)
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## **COVER LETTER**

SHR IFCT.	COOL RUI	NNINZ LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	nidence concerning this matter	to the following:	
		VENUS ABRAHAM		
			Name of Person	
	Division of Corporations  COOL RUNNINZ LLC    Name of Limited Liability Company			
		12805 GENEVA GLADE	DR	
			Address	
	RIVERVIEW FL 33578			
			City/State and Zip Code	
		= = =	to be used for future annual report in	atification)
For further i	nformation c		·	onicality)))
VENUS AB	RAHAM		407 493-8186	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is:	check for th	ne following amount:		
■ \$25,00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				Section
Div	vision of C	orporations	<u> </u>	
	). Box 632 Iahassee, f			Tallahassee roe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

TO ARTICLES OF ORGANIZATION	ur records.)
ADTICLES OF ODC ANIZATION	- 0
OF	
COOL RUNNINZ LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ir records.)
(A Florida Limited Liability Company)	
	$\sim$
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/09/202}{1}$	22 and assigned
Florida document number 1.22000218320	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
KOOL RUNNINZ LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Intaining address WAT DE AT OST OF TICE DOAY	
D. If we will be a like the second of the se	
B. If amending the registered agent and/or registered office address on our records	s, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	et address
	, Florida
City	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>	Name	Address	Type of Action
			□ Add
			□Remove
		☐ Change	
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an en l <mark>ote:</mark>	eve date, if other than the date of filing: 0/15/2022 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
is fil	d 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 ed.
ated	06/21/22
	Signature of a member or authorized representative of a member
	SIGNATURE OF A INCURRED OF AUTHORIZED PROFESSIONAL OF A MEMBER
	/ // /