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SECHULARY OF STATE ALLAHASSEE FURDING

COVER LETTER

	egistration Sec ivision of Corp			
/	COOLERB	ROS LLC		
SUBJECT:Name of Limited Liability Company				
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		ROXANA POVEDANO		
			Name of Person	
		POVEDANO ASSOCIAT	ES, LLC	
	Firm/Company			
		1851 NW 123RD AVE		
			Address	
	PEMBROKE FL 33026			
			City/State and Zip Code	
		POVEDANO@POVEDAN		
			to be used for future annual report no	Milication)
For further	· information co	oncerning this matter, please co	all:	
ROXANA POVEDANO		954 7704369 at ()		
Name of Person			me Telephone Number	
Enclosed i	s a check for th	ne 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		<u>Street Address:</u> Registration S	Section	
Division of Corporations		Division of Co	orporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Tallahassee oe Street, Suite 810	
j	ananassee, l	TL 32314	2410 IN. (VIOIII	oc ancer, anne oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Lia Florida document number L23000111196	bility Company	were filed on 03/02/2023	and assigned	ì
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC" or		
Enter new principal offices address, if applica	ble:	1851 NW 123RD AVE	2023 SEC	
Principal office address MUST BE A STREET		PEMBROKE FL 33026	AH,	T
			31 AR SS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4429 HOLLYWOOD BLVD	AH 82 2	
		SUITE #814360	23 DE 23	
		HOLLYWOOD FL 33081		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			e name of the new reg	<u>ist</u>
	1851 NW 123RD AVE			
New Registered Office Address:		Enter Florida street address		
	PEMBROKE	. Flori	da	
		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 to 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.

ROXAWA POUCHUS

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DAdd
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADD THE EIN NUMBER 36-5064649 (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated __ 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

AMBR DELGADO, JOSE L