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SEURETARY OF STATE

K. SALY MAR 22 2017

COVER LETTER

SUBJECT: A COOLUNNINGS towing Orlando 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:
Marh Anthous James. Name of Person
Firm/Company
2567 River Ridge. Dr. Address
Orlando FU 38825 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAIN James at (391) 663-9860 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

2017 MAR 21 PM 3: 16

JALNAM COSEE, FLORION

Zip Code

A. coolrunnings to	wing Orlando Williams
(Name of the Limited Liability Compa (A Florida Limited I	any as It now abpears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L D 7 0000 80 3</u> 6	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab COOLOUNINGS + towing The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	3 1.4.6.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

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 addor removed from our records:			h person being added	
MGR = Manager AMBR = Authorized Member		Address Secretary of Action		
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE	Type of Action	
		- STATE ORIGINAL	Add	
			□ Remove	
			Change	
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ffective date, if other than the date of filing:	(optional)
lote: If the date inserted in this block does not meet th	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's	records.
e record specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
ated 3/16/2017	
and of the same of	
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Filing Fee: \$25.00