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SECRETARY OF STATE

T. HAMPTON

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**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: Cool Tmports, LLC Name of Limited Liability Company
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:
Dwight Cool Name of Person
Cool Imports, LLC Firm/Company
127 W. Fairbanks Ave. #513
Winter Park, FL 32789-4326  City/State and Zip Code  dricoole cfl. rr. com  E-mail address: (to be used for future annual report notification)
dricoole cfl. rr. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Dwight Cool at (407) 404-8229  Name of Person Area Code & Daytime Telephone Number
J Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the 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, Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

FILED

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(Name of the Limited L	iability Company as	/				
(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 Lial Florida document number <u>L 0 700012 l</u>		e filed on <b>Decem</b>	<b>er 6, 2007</b> and as	ssigned		
This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	iability Company,'	the designation "LLC" or the	abbreviation		
Enter new principal offices address, if applical	ble:	<del></del>				
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>					
		<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered officers.		address on our	records, enter the name	of the new		
Name of New Registered Agent:		·····	· 10 · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:						
	Enter Florida street address					
	Ci	ty	, Florida	<del>le</del>		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Address</u> **Title** <u>Name</u> 127 W. Fairbanks Ave. #513 Winter Park, FL 32789-4326 MGRM MGR 🔀 Add ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 18 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00