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COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Cold Snapp, 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:

Stacey L. Griffiths, Esq.

Name of Person

Griffiths & Smitherman, P.L.

Firm/Company

804 N. Olive Ave. First Floor

Address

West Palm Beach, Florida 33401

City/State and Zip Code

sgriffiths@gslawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey L. Griffiths, Esq.

ູ,561、290-0386

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, 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

Cold Snapp, LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now apper orida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{0^2}{2}$	l/01/2008	and assigned
Florida document number L08000033288			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	ere:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "LLC	or the abbreviation
T		. 5 4	, 22
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	<u> </u>	1 22
		S	<u> </u>
	1		
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		3	10
			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
Now Projectored Office Address	,		
New Registered Office Address:		nter Florida street 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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>		<u>Name</u>	Address	Type of Action
MGRM	_ ,	Kenneth Cohen	9701 Savannah Estates Dr	· 🕢 Add
			Lake Worth, 33467	Remove
	-			Remove
				_
	-			Add
	•		EL AHA	Remove
			- The state of the	ARY OF STATE Remove
				Remove
	-			_
				Remove
	_			
				Remove

D. If amending any other i	information, enter change(s) here: (Attach additional sheets,	if necessary.)
· 		
o _{ated} July 8	2013	
	Signature of a member or authorized representative of a memb	er
Stacey L.	Griffiths, Esq.	
	Typed or printed name of signee	

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Filing Fee: \$25.00