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COVER LETTER

	Registration Sec Division of Cor			
CUD IE				
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Lance C. Herlong		
		Name of Person KoolFAB, LLC Firm/Company 606 Lane Avenue North; Suite 606-2 Address Jacksonville/FL 32254 City/State and Zip Code lance@akool.us E-mail address: (to be used for future annual report notification) permation concerning this matter, please call:		
		KoolFAB, LLC		
			Firm/Company	
		606 Lane Avenue North; S	uite 606-2	
			Address	
		Jacksonville/FL 32254		
			City/State and Zip Code	
		•		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Lance C	. Herlong			
	Name of	Person		Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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:

TO:

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

KoolFAB, LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed o	on September 22, 2008	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		20
Enter new mailing address, if applicable:			. or :
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Lance C. Herlong		
New Registered Office Address:	606 Lane Avenue North; Su		
	Ente	er Florida street address	
	Jacksonville,	, Florida ³²³	254
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

• 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
MGRM	Keith Herlong	606 Lane Avenue North; St. 606-2	
		Jacksonville, FL 32254	■ Remove
			Change
MGRM	Lance C. Herlong	431 St. Johns Golf Drive	Add
		St. Augustine, FL 32092	☐ Remove
			□ Change
			☐ Add
			Remove
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		F.b	12 2017			
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Dament 3 Circum	date on the Depart.	nem of State 3 feet	J1 G3.			
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		s filed.				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00