L08000115830

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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12/31/08--01023--021 **25.00

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SECRETARY OF STATE

N. Guiter IAN 1 9 3880

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: COOL RUNNINGS 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: | | | | | |
| Michael Petite (Nanie of Person) | | | | | |
| Cool Runnings LLC | | | | | |
| POBOX 111406 (Address) | | | | | |
| PAIM Bay F1 32907 (City/State and Zlp Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| (Name of Person) at (381) 446 9847 (Area Code & Daytime Telephone Number) | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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



January 5, 2009

MICHAEL PETITE PO BOX 111406 PALM BAY, FL 32907

SUBJECT: COOL RUNNINGS, LLC

Ref. Number: L08000115830

We have received your document for COOL RUNNINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 509A00000056

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

09 JAN 12 PH 3: 09

SEGRETARY OF STATES
TALLAHASSEE FLORIDA

| | INCLAIM OUTE & FOUIDA |
|---|---|
| C001 | Runnings ILC |
| (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 Life Florida document number | Tability Company were filed on $12/32/08$ and assigned 115830 |
| This amendment is submitted to amend the follo | owing: |
| A. If amending name, <u>enter the new name of</u> | f the limited liability company here: |
| | |
| The new name must be distinguishable and end wit "L.L.C." | th the words "Limited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applic | able: |
| (Principal office address MUST BE A STREE | TADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| | DOM: |
| (Mailing address MAY BE A POST OFFICE | <u>BOX;</u> |
| | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered office address on our records, enter the name of the new |
| | |
| Name of New Registered Agent: | Michael Petite |
| New Registered Office Address: | |
| | PALM BOY, Florida 32907 |
| | (Chy). (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 prope: 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 = Mana MGRM = Mar | ger naging Member | | | |
|--------------------------|---|----------------------|--|-----------------------------|
| <u>Title</u> | <u>Name</u> | Address | Remoul | Type of Action |
| Merm | Dorette Smith | PAIW | 0K111406 1 Bay Fl 32911 | Add Remove |
| 2n <u>d N6</u> RM | Suzanne Petite | 1/7: | 5 Frederica al | Add Remove |
| - | | | | Add Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| | | | - | Add Remove |
| D. If amendin | g any other information, enter change(s | s) here: (Au Chae | | |
| | | | | SECRETARY STATES |
| Dated 17 | | | enrecentative of a member | 112 PH 3: 09 THEY OF STATE |
| _ | Mich | printed name | epresentative of a member Pette of signee | |
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Page 2 of 2

Filing Fee: \$25.00