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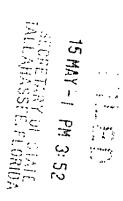
(F	Requestor's Name)
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Special Instructions	to Filing Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
Cool Depo			
Strb9Lt.1.	Name of Limi	ted Liability Company	
	Amendment and fec(s) are submodence concerning this matter		
	Dana Castellano	o un tanto miligo	
		Name of Person	
	Cool Depot, LLC		
		Firm/Company	
	10707 66th St N. #8		
		Address	
	Pinellas Park, FL 33782		
		City/State and Zip Code	
	castellano@cooldepotair.co	n o be used for future annual report notifi	cation
For further information c	oncerning this matter, please ca	·	cation,
Dana Castellano		727 388-2808	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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

Cool Depot, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 05/23/2011	and assigned
Florida document number L11000060247	·	
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the	abbreviation "L L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered office address on our records, <u>enta</u> address here:	
		THE STATE OF THE S
Name of New Registered Agent.		SS 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
New Registered Office Address:		P 144
	Enter Florida street address	5 3 G
		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, 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 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	David Pell	2350 Cypress Pond Road Suite 2001	
		Palm Harbor, FL 34683	■ Remove
			Change
MGR	Brandon Willis	22 Dahlberg Dr	
		Pacifica, CA 94044	Remove
		_	☐ Change
			□ Add
			☐ Remove
			Change
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Filing Fee: \$25.00