L11000078625

(Re	equestor's Name)				
(Ad	dress)	.			
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S. YOUNG PR 6. 22

COVER LETTER

Div	ision of Corp	porations					
SUBJECT:		FLAGPOLES LLC					
Name of Limited Liability Company							
The enclosed	l Articles of :	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		CHRISTOPHER M CRON	MLEY				
			Name of Person				
			Firm Company				
		4148 POMPANO ROAD					
			Address				
		VENICE, FL 34293					
			City/State and Zip Code				
		E-mail address: (to be used for future annual report	notification)			
For further in	nformation co	oncerning this matter, please ea	all:				
CHRISTOPHER M CROMLEY 941 at () Name of Person Area Code Daytime Telephone Num)					
	Name of	Person	Area Code Day	ytime Telephone Number			
Enclosed is	a check for th	e following amount:					
■ \$25.00 [Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

BOATING FLAGPOLES LLC		8
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	2 7
The Articles of Organization for this Limited Liability (Company were filed on 07/08/2011	and ansigned
Florida document number L11000078625		on ·
This amendment is submitted to amend the following:		25
A. If amending name, enter the new name of the lin	nited liability company here:	
COOL WATER PRODUCTS LLC		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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, 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 Title <u>Name</u> Address Type of Action _____ □Change _____ □ Add _____ □Remove ______ □ Add _____ □Remove ______ □Change _____ □Add ______ Remove ______ L'Add

			
			<u> </u>
			<u></u>
E. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to d does not meet the applicable	late of filing or more than 90 days af	
f the record specifies a delayed effective da ecord is filed.	ue, but not an effective time,	, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated NOVEMBER 19	2020		
X C L			
Sig	natric of a momber or authorize	ed representative of a member	
CHRISTOPHER M CROM			
	Typed or printed n	ame of signee	<u> </u>

Filing Fee: \$25.00