L13000037532

(Re	equestor's Name)	
(Ac	ddress)	
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(Dc	ocument Number)	
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SECRETARY OF STATE

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MAY 15 2014 S. YOUNG

COVER LETTER

TO: **Registration Section Division of Corporations** COÖL DESTINATIONS, L.L.C. 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: PETER DOWNIE Name of Person COOL DESTINATIONS, L.L.C. Firm/Company 3301 NE 1ST AVE, H912 Address MIAMI, FL 33137 City/State and Zip Code INFO@WODUMEDIA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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 DESTINATIONS, L.L.C.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000037532</u> .	were filed on 03/11/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liah	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3301 NE 1ST AVE, H912
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33137
Enter new mailing address, if applicable:	3301 NE 1ST AVE, H912
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33137
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter 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 agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
18 # 11d 2- 17W 11 Page	1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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	SECRETARY STATES OF DR. O. M. P. M.		☐ Remove
	11年刊14 11年刊14		

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tive date, if other than		ional)
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fective date must be specific ate this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be more than 90 days the Florida Department of State) 2014 Signature of a member or authorized representative of a member	

Page 3 of 3

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