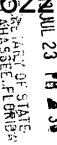
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
	JUL 2 4 2013	1
	A. LUNT	

Office Use Only





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## **COVER LETTER**

	ration Section on of Corporations						
SUBJECT:	<i>(</i>	cool o	CEAN LL	C			
_		Name of Lin	nited Liability Comp	Dany			
The enclosed A	rticles of Amendment	l and fee(s) are su	abmitted for filing.				
Please return al	correspondence con	erning this matte	er to the following:				
	` 	AVRA	HAM ZE/ Name of Pers	TOUNE		<u>-</u>	
			Name of Pers	ion			
	·	COOL	OCEAN Firm/Compa	LLC		_	
			Firm/Compa	hy			
		PO BO	0 X 2239 Address	915			
			Address			2019 JUL 23	
	1102	YWOOD	FL 33 City/State and Zip	012-391	:		
	<del></del>	<del>/</del>	City/State and Zip	Code		75 23 75 23	-
		COOLOCE!	AN123 C C M	111, COM	orion)	THE T	įį
For further info	mation concerning th			annuai roport nonne	auony	LORI LORI STAT	1
A.	ZEI TOUNE	<del>.</del>	954	1. 599365	-4		
	Name of Person		at ( <u>95 %</u> Ar	ca Code & Daytime	Telephone Number	<del></del>	
	eck for the following	amount:					
\$25.00 Filin		Filing Fee & ificate of Status	□\$55.00 Filin Certified C (additional		Certifie	ate of Status &	sed)
	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327	n ations————	R	TREET/COURIE egistration Section ivision of Corpora lifton Building	1		
	Tallahassee, FL 32	314		661 Executive Centallahassee, FL 323			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOL OCEAN	N LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our recor ability Company)	ds.)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>11300067128</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	123
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the design	ation "LLC" or the hobreviation
Enter new principal offices address, if applicable:		聖 3
(Principal office address MUST BE A STREET ADDRESS)	·	100
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1939, HOLLYWAOD, FL	33022-3915
B. If amending the registered agent and/or registered office address here:		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		ida
	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 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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	SHLOMO ZEITOUNI	3017 AVE - P	Add
		BROOKLYN, NY 11234	Remove
MGA	AVRAHAM ZEITOUNE	PO BOX 223915 HOWY WOOD, FL 33022-33	
		<b>第</b> 、	Add
		ASSEE FLORIDA	Add Remove
			Remove
			Add
			Add
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Page 3 of 3

Filing Fee: \$25.00

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