

# L 13000080576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

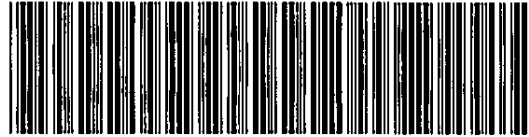
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAY 13 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 22 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2015

LAURA DRYSDALE  
330 ARCHIMEDES ST.  
DUNEDIN, FL 34698

SUBJECT: KEEP EM KOOL LLC  
Ref. Number: L13000080576

RECEIVED  
15 MAY 13 PM 4: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KEEP EM KOOL 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 615A00008697

I am sorry I forgot to have Laura  
sign it. ITS NOW DONE thank you  
Kip Drydale

April 11, 2015

Florida Department of State

Registration Section-Division of Corporations

P O BOX 6327 Tallahassee, Florida 32314

Document # L13000080576  
Keep Em Kool LLC

Please accept the Amended request to the Article of Organization of a Florida LLC

My phone number is 727-272-5327

Our Address is 330 Archimedes Street Dunedin Florida 34698

Thank you

Laura Drysdale

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Keep 'em Kool 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:

**Laura Drysdale**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**330 Archimedes Street**

\_\_\_\_\_  
Address

**Dunedin Florida 34698**

\_\_\_\_\_  
City/State and Zip Code

**Keepemkomfy1@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Laura Drysdale**

\_\_\_\_\_  
Name of Person

**727**  
at ( )

Area Code

**272-5327**

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

Keep 'em Kool LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/04/2013 and assigned  
Florida document number L13000080576.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Keep'em Komfy LLC

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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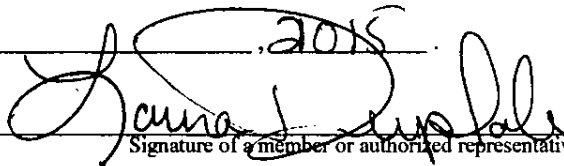
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/11/

2015



Signature of a member or authorized representative of a member

Laura Drysdale

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 MAY 13 PM 3:07  
CLERK OF COURT  
TALLAHASSEE, FLORIDA