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COVER LETTER

	egistration Sec Pivision of Corp			
eun ir eu	KOOL KUT			
SUBJECT	Γ:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please ren	ırn all correspon	dence concerning this matter	to the following:	
		NAZEERA DUPOUX		
			. Name of Person	
		DAVIE ACCOUNTING &	ASSOCIATES	
			Firm/Company	
		3627 DAVIE BLVD		
			Address	
		FORT LAUDERDALE, F	LORIDA 33312	
			City/State and Zip Code	
		davieacct@gmail.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please or	all:	
NAZEER	A DUPOUX		954-791 6671 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s 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:

TO:

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

KOOL KUTZ LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000137891		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	91V
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	2 885 2 885 881
(Mailing address MAY BE A POST OFFICE BOX)		1: 5t
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: New Registered Office Address:	<u>:e</u> :	nter the name of the nev

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.

City

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>	Name	Address	Type of Action
MGR	NAZEERA DUPOUX	3623 DAVIE BLVD, FORT LAUI	= Add
		JOHN R DUPOUX	■ Remove
			Change
MBR	GAELLE VALENTIN	3623 DAVIE BLVD, FORT LAUI	= Add
		WANDA MEDINA CIPRAIN	■ Remove
			□ Change
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Tective date, if other than the date of the date of the date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior c does not meet the applic	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605.020 vill not be listed a
erecord specifies a delayed e The 90th day after the recor		et an effective tim	e, at 12:01 a.m. o	n the earlier o
JUNE 28th	2018			
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Filing Fee: \$25.00