L14000102407

Office Use Only



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SECRETARY OF STATE OIVISION OF CORPORATIONS

UL 16 2014 J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Koolsla Creations, 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:

Timothy R. Burnham Name of Person Koolsla Kreations, LLC Firm/Company 3225 S. MacDill Ave. / Ste. # 129-313 Address Tampa, FL 33629 City/State and Zip Code

trburnham@hotmail.com

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

For further information concerning this matter, please call:

Timothy R. Burnham

813,690-0769

Name of Person

Area Code

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

Koolsla Creations, LLC		
(Name of the Limited Liability Compa (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 L14000102407	were filed on June 26, 2014	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:	
Koolsla Kreations, LLC		_
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C"
Enter new principal offices address, if applicable:		Si Oi
(Principal office address MUST BE A STREET ADDRESS)	-	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ار المرابعة المرابعة المرابعة المرابعة ال
	Koolsla Kreations, LLC	4 3: E
	3225 S. MacDill Ave. / Ste.	# 129-313 🧿 🍍
	Tampa, FL 33629	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
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 Title Name **Address Type of Action** 2314 Colonial Hills Rd. J. O'Neil Burnham **AMBR** Jefferson City, MO 65109 □ Remove _□ Remove _□ Add _□ Remove □ Add ☐ Remove

D. If amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	
Dated July 7	2014
Limothy R.B	urnham
Timothy R. Burnham	mber or authorized representative of a member
T	yped or printed name of signee

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Filing Fee: \$25.00

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