

L15000/41532

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN DOWN BOAT RENTAL 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:

MARK LEONARD JOHNSON

Name of Person

Firm/Company

121 GOLDEN ISLES DRIVE, #303

Address

HALLANDALE, FLORIDA, 33009

City/State and Zip Code

mjohnson@coolbreezetravel.com

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

For further information concerning this matter, please call:

MARK LEONARD JOHNSON

512 497 6037
at ()

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**

SUNDOWN BOAT RENTAL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/18/2015 and assigned
Florida document number L15000141532.

This amendment is submitted to amend the following:

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

COOL BREEZE LLC

The new name must be distinguishable and contain 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)

121 Golden Isles Drive, #303

Hallandale

Florida 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 Golden Isles Drive, #303

Hallandale

Florida 33009

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:

Mark Leonard Johnson

New Registered Office Address:

121 Golden Isles Drive, #303

Enter Florida street address

Hallandale

City

Florida 33009

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DaCUNHA BENEDITA MIRA	121 GOLDEN ISLES DRIVE	<input checked="" type="checkbox"/> Add
		APT 303	<input type="checkbox"/> Remove
		HALLANDALE, FL 33009	<input type="checkbox"/> Change
MGR	RIVERA, MARIA	17970 NE 31 ST COURT,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33160	<input type="checkbox"/> Change
MGR	JOHNSON, MARK LEONARD	121 GOLDEN ISLES DRIVE	<input checked="" type="checkbox"/> Add
		APT 303	<input type="checkbox"/> Remove
		HALLANDALE, FL 33009	<input type="checkbox"/> Change
MGR	PENA, JOELVIS	17970 NE 31 ST COURT,	<input type="checkbox"/> Add
		APT 4317	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 2, 2011

Signature _____

2019.
Zohar Pen

Signature of a member or authorized representative of a member

Nancy Rivers

Authorized representative of a witness:

Toelvis Lena

Typed or printed name of signee

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CLERK OF STATE
IN DEPT. OF COMMERCE
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