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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Chilly Bands	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ke	Name of Person Ily Bands, LLC Firm/Company		
	<u>orland</u>	Address O, FL 2280 City/State and Zip Code Atthes 22 @ gm. to be used for future annual report noti		
For further information c	oncerning this matter, please ca	all:	Tries	Ö
	Matthes	at (<u>40 7</u>) <u>59</u> Area Code Daytim	2-5587 5 e Telephone Number	
Enclosed is a check for th	ne 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 Stat Certified Copy	tus &

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

Chilly Bands	, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Sept 22,2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Chilly Core, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1418 Manchester St
(Principal office address MUST BE A STREET ADDRESS)	orlando, FL 32804
(same as previous)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(same as previous)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: Lev	14 Matthes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	8 Manchester St. N 1=
orla	Enter Florida street address City Enter Florida street address Florida 37804
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	> o

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

AMBK = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00