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Special Instructions to I	Filing Officer:	
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Office Use Only



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17 MAY -9 AM TO:

**S Warren** MAY 1 0 2017



April 21, 2017

FERNANDO CHACON 10362 NW 36 STREET CORAL SPRINGS, FL 33065

SUBJECT: I WANNA BE COOL LLC

Ref. Number: L1700000346

We have received your document for I WANNA BE COOL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 017A00007848

## **COVER LETTER**

TO: Registration Se Division of Cor		41.	
SUBJECT: I W	VANNA BE COO Name of Lim	old LLC nited 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:	
	Fernando (	Chacon Name of Person	
		Firm/Company	
	10362 NW 76	57 Address	·
	Cosal Spings,	Florida 33065 City/State and Zip Code ail. Com to be used for future annual report notifie	
For firsther information of	E-mail address: (		cation)
	•		(0 9 <i>0</i>
Name of	Person	at ( <u><b>954</b></u> ) <u><b>825</b> 6</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

I WANNA BE COOL IL		magnife )		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	records.		
The Articles of Organization for this Limited Liability Company	were filed on <u>/2 / 3 0/</u>	2016	and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
	$\mathcal{M}$		5 v	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbr	ev面(病 "L.M." きご	
Enter new principal offices address, if applicable:			SS T	•
(Principal office address MUST BE A STREET ADDRESS)			SEE .	
			7 5 D	
Enter new mailing address, if applicable:	2/	<u>-</u> <u>-</u>	ATE ATE	,•
(Mailing address MAY BE A POST OFFICE BOX)		i i		• .
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:			ne name of the n	<u>ew</u>
New Registered Office Address:	10362 NW 36 Enter Florida street			
Cosal Sp	Fins s City	, Florida	<b>33065</b> 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:

AMBR = Authorized Member **Address Type of Action** Title Name Daniel G Chacon 2941 Riverside Dr. ApTo 308 - Add AR Cotal Springs FL 33065 ☐ Change \_ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change

MGR = Manager

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Filing Fee: \$25.00