## L170001410953

(F	Requestor's Name)	
<u>A)</u>	Address)	
Δ)	Address)	
(C	City/State/Zip/Phone #	<i>y</i> )
PICK-UP	WAIT	MAIL
(E	Business Entity Name	)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	-,-,-,-
	•	JUN 26 2023

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE COOLEST FA	CTORY, LLC		
Please Debit FCA000	0000003 For: 25		
Thank you Seth Nee	ley		
Step			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
1			Officer Search
A	2/		Fictitious Search
Signature			Fictitious Owner Search
		·	Vehicle Search
			Driving Record
Requested by: SETH	06/22/2023		UCC 1 or 3 File
Name	<del></del>	ime	UCC 11 Search
		<del></del>	UCC 11 Retneval
Walk-In	Will Pick Up		Courier

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AM TO ARTICLES OF ORG OF	,		Ą
The Coolest Factory, LLC (Name of the Limited Liability Company as	it now appears on our	records.)	
(A Florida Limited Liabili	ly Company)		
The Articles of Organization for this Limited Liability Company were Florida document number L17000146953	filed on <u>07/10/17</u>	and assigned	
This amendment is submitted to amend the following:	, .		
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation	"LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)			_
		·	_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>s</u>	enter the name of the new registe	ered
Name of New Registered Agent:		. <u> </u>	<del></del>
New Registered Office Address:			
THE CONTRACT AND AND AND	Enter Florida street d	address	-
		, Florida	
<del></del>	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 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>	Type of Action
MGR	Carlos Maxwell	12717 W. Sunrise Blvd. #218	[_Add
	Sunrise FL 33323	X Remove	
			bbA₫
			Remove
			Change
			bbA⊡
		<del></del>	Remove
			DbA₪
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Effectiv	e date, if other than the date of filing:
Note:	ve date, if other than the date of filing:  (optional)  ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record ford is file	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 d.
Dated _	une 19 , 2023 .
	Signature of a member or authorized representative of a member
	Codes Messuell
	Carlos Maxwell  Typed or printed name of signee

Filing Fee: \$25.00