L17000 169726

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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04/23/18--01051--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Cooker King - FL 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:
Greg Simony
The Cooler King-FL UC Firm/Company
3271 Safe Harbor LN Address
Late Mary, FL 32746
Late Mary, FL 32746 City/State and Zip Code He Cooler Mag Fl P gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Greg Simony at 348 839-2687 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ 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

The Cooler	King- F-C	440		
(Name of the Limited L (A F	lability Company as it no lorida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liabil Florida document number <u>L17000169</u> 3	ity Company were file	ed on <u>8/8/1</u>	and assi	gned
This amendment is submitted to amend the followir	ng:			
A. If amending name, enter the new name of the Walk-In Cocley The new name must be distinguishable and contain the words	Depot,	LLC	or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		lress on our records,	enter the name SECRETA	of the new
Name of New Registered Agent:			ASS. 23	=
New Registered Office Address:		Enter Florida street address	E P	÷
_		, Flori		
	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>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
	·		Add
			□ Remove
			☐ Change
	·		Add
			□ Remove
			Add
			☐ Remove
			☐ Change

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Effective date, if other than the date of filing:						 	······································		· ••	· · · · · · · · · · · · · · · · · · ·			-
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			Dr	_	ハレノ		_						
			Signature of	of a mer	mber or au	thorized	representa	ive of a m	ember				

Page 3 of 3

Filing Fee: \$25.00