## UB000 139619

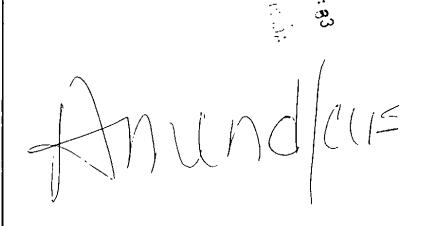
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division o	Corporations
Cooli SUBJECT:	oom LLC address change
3003EC1.	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filling.
Please return all cor	respondence concerning this matter to the following:
	Miranda Podlesh
	Name of Person
	CoolRoom LLC
	Firm/Company
	9823 Tapestry Park Circle Suite 06 and 07
	Address
	Jacksonville, FL 32246
	City/State and Zip Code
	miranda@jaxcoolroom.com
	E-mail address: (to be used for future annual report notification)
For further informa	ion concerning this matter, please call:
Miranda Podlesh	904 4656007 at ()
N	ime of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

GANIZATION	20/8 DEC 2 ED
	1859 CO PH 5: 22
is it now appears on our rec	ords.)
lity Company)	* * * *

CoolRoom LLC

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

(A Florid	da Limited Liability Company)			
The Articles of Organization for this Limited Liability	and assigned			
Florida document number	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9823 Tapestry Park Circle	e Suite 6 and 7		
(Principal office address MUST BE A STREET ADD	RESS) Jacksonville, FL 32246			
	101 Marketside Avenue S	uite 404-240		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra, FL 32081	<del></del>		
AMALING ALACESS MAT BE A FOST OFFICE BOAT				
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent:  New Registered Office Address:	dress here:	THORIDA 32 (8)		
New Registered Agent's Signature, if changing Register	ed Agent:	·		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and 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 AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to k does not meet the applicab	date of filing or more than		
f the record specifies a delayed e b) The 90th day after the recor		an effective time, a	t 12:01 a.m. on the e	arlier of:
Dated December 12th	2018			
Dated December 12th  Myrcinela  Si	Podlish	zed representative of a mer	nhur-	_
	gnature of a methoer of authori.	zea representative of a mer	nuci	
Miranda Podlesh	Typed or printed			_

Page 3 of 3

Filing Fee: \$25.00