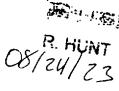


	5	
(1	Requestor's Name)	
	Address)	
	Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	,	
(1	Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	Iling Officer:	

Office Use Only







CT CORP

(850) 656-4724 3558 lakesore Drive

Tallahassee, FL 32312

08/24/2023

D	ate:	08	/24/2023	- w: 1 >W	
			Acc#I20160000072	4: () = W	
Name:	CCOOL	LLC			
Document #:					
Order #:	1509413	34 - 1			
Certified Copy of Arts & Amend:				28	
Plain Copy: Certificate of Good Standing:				2023 AUG 24	
Certified Copy of				P# 12:	107 STA
Apostille/Notarial Certification:		<u> </u>	untry of Destination: umber of Certs:	0	
Filing: 🗸	Certi Plain COGS			Email Address for Annual Report Notif	ficatio
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amo	unt:\$	25.00 Thank you!		

COVER LETTER

Division of Cor	porations				
Ccool LLC SUBJECT:					
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Nemer Saliba	,			
		Name of Person			
	Ccool LLC				
		Firm/Company			
	1330 18th Street				
		Address		2023	SIALI
	Miami Beach, FL 33139			AUG	Š
	·	City/State and Zip Code		24	. C.
	tiger@socialengineers.co	to be used for future annual report notifical		₽	3
For further information of	encerning this matter, please c			PH 12: 40	ELAISION OF CORRESPONDED
Nemer Saliba		305 582-3430 at ()			
Name o	of Person		elephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is en	tus &	
Mailing Address		<u>Street Address:</u> Registration Section	on		

Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ccool LLC			
	(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
	of Organization for this Limited Liability C	Company were filed on June 8, 2018	_ and assi _t	gned
Florida docui	ment numberL18000141923	·		
This amendn	nent is submitted to amend the following:			
A. If amend	ing name, enter the new name of the lim	nited liability company here:		
The new name	must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbre	eviation "L.L	C."
Enter new p	rincipal offices address, if applicable:		<u>.</u> .	
(Principal of	fice address MUST BE A STREET ADDI	RESS)		
				<u> </u>
			2023 AUG	io spistaid 7 % C S
Enter new mailing address, if applicable:			AUG	2
(Mailing ada	ress MAY BE A POST OFFICE BOX)		— <u>↓</u>	82 <u>5</u>
			21 Mg	- 第章: - 第章: 51: - 81: 81: 81: 81: 81: 81: 81: 81: 81: 81:
	ing the registered agent and/or registere the new registered office address here:	ed office address on our records, <u>enter the name</u>	of the new	register
<u>Nai</u>	ne of New Registered Agent:		_	
Nev	v Registered Office Address:			
110	v Registered Strice Hadags.	Enter Florida street address		
				<u></u>
		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
MGR	Rudolf Budja	1330 18TH STREET	□Add
		MIAMI BEACH, FL 33139	■Remove
			□Change
MGR	ALMA MIAMI INVESTMENTS LLC	1330 18TH STREET	
		MIAMI BEACH, FL 33139	Remove
MGR	Hidden Dragon LLC	1330 18TH STREET	= Add
		MIAMI BEACH, FL 33139	□Remove
			Change
			□Remove
			Change
			OIVISION OF CO
			□R 220 VE CORPO
			PA GRANDER AT TO JUST BAND BAND BAND BAND BAND BAND BAND BAND
			□Change

Typed or printed name of signee