L18000149185

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COVER LETTER

TO:	Registration Se Division of Cor						
c1:07		SALES LLC					
SUBJ	ECT:		ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		CARLOS RIVERA					
			Name of Person	<u></u>			
		CR COOL SALES LLC					
			Firm/Company				
	1441 Brandywine Road Apt 200F						
			Address				
West Palm Beach, Florida 33409							
			City/State and Zip Code				
		cjro77@yahoo.com					
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information co	oncerning this matter, please ca	all:				
CARL	OS RIVERA		561 714-0002 at () Area Code Daytime				
	Name of	「Person	Area Code Daytime	: Telephone Number			
Enclos	sed is a check for th	e following amount:					
■ \$2	5.00 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR COOL SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 18, 2018 and assigned Florida document number _ L18000149185 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 Company," 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
AMBR	CARLOS RIVERA	1441 Brandywine Rd 200F West	■ Add
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Effective date, if other tha	the date of filing:	((optional)	
Note: If the date inserted in t	e must be specific and cannot be prior to his block does not meet the applica- he Department of State's records.			
e record specifies a del The 90th day after the	ayed effective date, but not record is filed.	an effective time, at 12:0	01 a.m. on the earli	er c
June 28 Dated	2018			
12 1				
Jack	7/1/2//	ized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00