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## **COVER LETTER**

	egistration Se ivision of Cor			
eun nect		EEZE SERVICES FL, LLC.		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		JOSHUA C. WELLS, ESQ	UIRE	
		<del></del>	Name of Person	
		WRIGHT & CASEY, PA		
		·	Firm/Company	<del></del>
		340 NORTH CAUSEWAY	′	
			Address	<del> </del>
		NEW SMYRNA BEACH,	FL 32169	
			City/State and Zip Code	
		DONNA@SURFCOASTLA		
		E-mail address: (t	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	ill:	
JOSHUA	C. WELLS		at () 428-3311 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOL BREEZE	SERVICES FL, LLC.	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 14, 2018	and assigned
Florida document number L18000195329		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		<b></b>
		HASSES AND SECTION OF THE PROPERTY OF THE PROP
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		e e e e e e e e e e e e e e e e e e e
		თ <u>წ</u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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	LUCAS B. WEST	151 N. MAITLAND AVENUE	<b>_</b> ■ Add
		NO. 940074	□ Remove
		MAITLAND, FL 32794	_ □ Change
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Typed or printed name of signee

Filing Fee: \$25.00