1180002700260

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





200322453992

01/02/19--01007--805 **25.00

amend

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Kool Runn	ings Logistics, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kevin Robinson		
		Name of Person	
	Kool Runnings Logisti	cs, LLC	
		Firm/Company	
	2413 Main street #23	33	
		Address	
	Miramar, fl 33025		
		City/State and Zip Code	
	koolrunningslogistics@gm	ail.com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
Kevin Robinson		at (<u>786</u>) <u>518 -</u> Area Code Daytime	8024
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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, F1. 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

Kool Runnings Logistics, LLC				
(Name of the Lim	i <mark>ited Liability Company</mark> (A Florida Limited Lia	' <mark>as it now app</mark> ibility Company	ears on our records.)	-
The Articles of Organization for this Limited lorida document number <u>L18000270026</u>	Liability Company w	ere tiled on .	November 20, 2018	and assigned
his amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabili	tv company	here:	
he new name must be distinguishable and contain the	words "Limited Liability	Company," th	e designation "LLC" or the ab	breviation "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)		2413 Main	street #233	
		Miramar, fl	33025	
		2413 Main	street #233	
		Miramar, fl	33025	
the registered agent and egistered agent and egistered agent and/or the new registered of New Registered Agent:	•			the name of the
New Registered Office Address:	7901 4th St N	N STE 300	ı	
The Tregarded Miles (Mares).		Enter F	lorida street address	
	St. Petersbur	g	Florida <u>33</u>	702
		Cuv		Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kevin Robinson	2413 Main street #233 I	Miramar, fl 33025 ☐ Add
			Remove
			Change
			Add
			☐ Remove
			Change
		_	Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
		_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			☐ Change

	
(If an c <u>Note</u> :	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 27th 2018
	$\overline{\bigcirc}$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00