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## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJE	ct: <u>Cupi</u>	Name of Limite	ed Liability Company		
The enc	losed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please r	eturn all corresponde	ence concerning this matter to	the following:		
		Tracy	Ander 50	<b>-</b>	·····
			Firm/Company	······································	·-
		16697	Trecharen	Dr	
		- Spring	City/State and Zip Code	34606	_
	-	E-mail address: (to	be used for future annual repo	Cynch (. Com	
For furth	ner information cond	erning this matter, please cal	l:		
	Vacy F	erson		2.5.1.7.64 Daytime Telephone Numb	er
Enclose	I is a check for the f	ollowing amount:			
X\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	Filing Fee, ate of Status & d Copy at copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coolds Clos	set ill			
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>dş.</u> )		
The Articles of Organization for this Limited Liability C Florida document number <u>レパ 0000ネタス ソ</u> ィ		<u> </u>	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit  The new name must be distinguishable and contain the words "Limit	tore LLC	C'' or the abbrevia	ition "L	.L.C."
Enter new principal offices address, if applicable:	<u> </u>			<del></del>
(Principal office address MUST BE A STREET ADDR	(ESS)		)21 JA	
			26	
Enter new mailing address, if applicable:		<u> </u>	رز	# FF :
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	! 16co	$\ddot{\wp}$	No.
		r 13	25	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	l office address on our records, <u>ente</u>	r the name of	he nev	<u>v registere</u>
Name of New Registered Agent.		<u> </u>		
New Registered Office Address:	Enter Florida street address			
	, F	lorida	o Code	
	City	ZJI,	, com	

### 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
			□Add
			□Remove
			□ Change
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more the  te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant uirements, this date will not	i to 605.0207 be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90th da	y after the
ted Fig. C	member	
Trac: Andorsen  Typed or printed name of signee		