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S. YOUNG

COVER LETTER

Division of Cor	porations			
Cool Guys SUBJECT:				
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Christopher Gare			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Cool Guys LLC			
Firm/Company				
	4045 Sheridan Avenue Un	it 125		
Address				
	Miami Beach FL33140			
		City/State and Zip Code		
	gare.christopher@yahoo.co			
	E-mail address: (1	to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Christopher Gare		305 8427946		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following apparent:			
	-	Figer on Pitter 11 - P	El ézo ao PEL P	
\$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:

TO:

Registration Section

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

Cool Guys LLC				
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	l		
The Articles of Organization for this Limited Liability	Company were filed on 02/13/2019	an	d assigne	ed
Florida document number L19000044091				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC" o	or the abbreviatio	on "L.L.C,	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
		2 -	19	
) -	25	- -,
Enter new mailing address, if applicable:		<u> </u>	50 	
(Mailing address MAY BE A POST OFFICE BOX)			رے	1
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B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		enter the na	me of	the nev
Name of New Registered Agent:	-			
New Registered Office Address:				
	Enter Florida street address			
	, Flori	ida	. ,	
	Cuy	Zip C	ode	

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	Christopher Gare	4045 Sheridan Avenue unit 125 Miami Beach, FL33140	
			□ Remove
			□ Change
			Add
			Remove
			Change
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ffective date, if other than the an effective date is listed, the date most of the lace inserted in this becoment's effective date on the I	st be specifie ar lock does not	nd cannot be pri meet the appl	icable statutor	ng or more than 9 y liling require	(optional) 0 days after filing, ments, this date) Pursuant to 605.02(will not be listed a
e record specifies a delaye The 90th day after the re			not an effec	tive time, at	: 12:01 a.m.	on the earlier
26th of March		2019				
	.:		•			

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Typed or printed name of signee

Filing Fee: \$25.00