## L20000187462

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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations					
etto uscas	COLD CAS	STLE LLC	•	•			
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
		-					
		KIRIUCHA MORONTA V	/AILLANT				
			Name of Person				
		КМ					
		<u>-</u>	Firm/Company				
	8438 AIKEN CT						
			Address				
		TAMPA FLORIDA 33615					
			City/State and Zip Code	<del> </del>			
		MORONTA.KIRIUCHA@	GMAIL.COM				
		E-mail address: (	to be used for future annual report not	tification)			
For further in	nformation co	oncerning this matter, please ca	all:				
KIRIUCHA			813 704-987	1			
	Name o	Person	Area Code Daytir	ne Telephone Number			
Unabassa is a	ahaal Conth	e following amount:					
		Ť					
<b>■ \$25.00</b> F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mai	iling Addres	v·	Street Address:				
	gistration S		Registration Se	ection			
		orporations	Division of Co				
	). Box 632		The Centre of				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLD CASTLE LLC		
( <u>Name of the Limited Liability Company as it (</u> A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on 07/02/2020 and assign	ned
Florida document number L20000187462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany, the designation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)		·
		المستر
Enter new mailing address, if applicable:		<u>' '</u>
(Mailing address MAY BE A POST OFFICE BOX)	- X 2	
		!
		,
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new r	<u>egis</u>
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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KIRIUCHA MORONTA	8438 AIKEN CT TAMPA FL 33615	■Add
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			☐ Change
			□Add
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