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DIVISION OF CORPORATION

T. MATTHEWS
JUN 20 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Fast 'I	N Kool Services			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ernesto Cardona			
		Name of Person		
	Fast'N Kool Services LLC			
	<del></del>	Firm/Company		
	7510 Park Promenade Dr.	Apt 2034		
		Address		
	Winter Park, Fl. 32792			
	<del></del>	City/State and Zip Code		
	fnkoolservices@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Erneste	Cardona	407 627-3613		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he 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 S	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED STATE OF STATE OF

Fast 'N Kool Services LLC

22 APR 26 PM 12: 24

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable:	on "LI.C" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	on "LI.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	on "LI.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
<del></del>		
Enter new mailing address, if applicable:		
ALTE II MANDE A BOCK OFFICE BOYO		
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	, enter the na	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida stree	et address	
	Florida	
City	, i ivi iua _	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, 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	Renee Kelly	722 BELLA VISTA EDGEWATER, FL 32141	<b>=</b> Add
			Remove
			□Change
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			Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
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(If an effect Note: If	e date, if other than the date of filing:
he record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 13 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee