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(R∈	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	Cold Ender	DUΥ	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	(Onille Carrion Name of Person	
		Name of Person	
	(Cold Endevour	
		Firm/Company	·
	<u>~~~~</u>	Millenia blud &	5te#175
		City/State and Zip Code	
	ان سرد		
	E-mail address: (lecarrion @ gmail com to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	ali:	
والنبير	A min	.061	2 K Q
Name o	f Person	at (<u>851</u>) <u>266-7</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee □ \$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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
the abbreviation "L.L.C."
ste #175 39
olud ste # 175 2839
name of the new registered
a R Code

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 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
-			□Add
			□Remove
			□Change
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	I need the words "Boulevard" and "Suite", in the business
_0	ddress, to be abbreviated to "blud" and "ste".
	·
<u> </u>	
 -	
	/ /
	date, if other than the date of filing: 12/02/2020 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If th	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	s effective date on the Department of State's records.
e record spe	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
Dated	December 2nd . 2020