## 120000356855

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: Kool Roporties LLL  Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	Name of Person	
	CUNT LAW PULL Firm/Company	
	3785 nipolt Rd Juste C	
	City/State and Zip Code  office Corkoolacicom  E-mail address: (to be used for future annual report notification)	70750
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	5. Ud 5. Ud 5. Ud
	Name of Person at (279) 239-6822  Area Code Daytime Telephone Number	n
Enclose	ed is a check for the following amount:	
\$25	.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing F \\ Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is	Status &
	MAILING ADDRESS: Registration Section Bivision of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Kool P	party as it now appears on our records.) d Liability Company)	73
(Name of the Limited Liability Com	Dany as it now appears on our records.)	<u>ં</u>
		70
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2000 0356855</u> .	1 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
	<del></del>	
Koul Properties of Su The new name must be distinguishable and contain the words "Limited Lia	ability Company." the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	- 10/2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	· ·	the name of the new
registered agent and/or the new registered office address ho	<u>ere</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	190	
	Enter Florida street address	
	, Florida	
<del></del>	City	Zip 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 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
			Add
			□ Remove
			□ Change
			Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
		/	Change

_	
<del></del>	
	<u> </u>
(If an effec	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	a December 4 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee 0 Typed or printed name of signee

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Filing Fee: \$25.00