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COVER LETTER

TO: Registration Division of C	n Section Corporations	•	
SUBJECT: CO	OOL RUnning LL(d Company	
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Jill bome	c del Casnilo Name of Person	
	Cool Ru	nning LLC Firm/Company	
	150 Jeffers	On Avenue APT 9	8 7 7 PH 3: 02
	Miami Beach	r FL - 33139 City/State and Zip Code	一里可
	LooLrunning me E-mail address: (to	iami O OJLOCK W	m Seation) S
For further informatio	on concerning this matter, please cal	N:	10
JiN Gom	ce del (asnilo	at (<u>305) 684 6</u> ; Area Code Daytime	133 : Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	2 \$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 Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOL PUNNING L	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\dot{L}2100013\dot{c}119}{}$	were filed on <u>64123 / 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Tity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	750 Jefferson Avenue
(Principal office address MUST BE A STREET ADDRESS)	APT 8, MIUMI BEACH, Fl,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	33139 Reserved Reserved
	Enter Florida street address
	, Florida
	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 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
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an effective date i ote: If the date	s listed, the date mu inserted in this b	e date of filing: _ ist be specific and car lock does not meel Department of State	mot be prior to date of the applicable sta	2073 of lifting or more than 9 tutory filling require	(option 0 days after f ments, this	ilino A Porc	uant to 6 10t be li	05,0207 sted as
record specifies is filed.	a delayed effectiv	ve date, but not an	effective time, at	2:01 a.m. on the ea	rlier of: (b)	The 90th	ı day at	ter the
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Filing Fee: \$25.00