## L21000 231971

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(City/State/Zip/Phone #)
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## **COVER LETTER**

COOL R	UNNING MARINE SPA LLC		•	
30b3FQ1.	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	BRADFORD SINCLAIR			
		Name of Person		
		Firm/Company		
	7159 OVERSEAS HWY	APT 402		
		Address		
	MARATHON, FL, 33050			
	PDSYZ3@YAHOO.COM	City/State and Zip Code		
	E-mail address:	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	all:		
BRADFORD SINCLA	IR	305 896-7920 at ( )		
Name	of Person		Telephone Number	2021 JI
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &:

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOL RUNNING MARINE SPA LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparison $\frac{L21000231971}{L21000231971}$	any were filed on 5/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	_	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our records, enter the n	ame of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		2021 JUS
New Registered Office Address:		1
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.

City

. 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	Martin Kilbourne	455 W 105TH ST OCEAN,	□Add
		MARATHON, FL, 33050	■Remove
		·	□ Change
AMBR	Precious Holmes	7159 OVERSEAS HWY APT 402,	□ Add
		MARATHON, FL, 33050	□Remove
MGR	BRADFORD SINCLAIR	7159 OVERSEAS HWY APT 402,	≣Add
		MARATHON, FL. 33050	□Remove
			□Change
			Remove ☐ Change
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			□Remove
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f an effective date is listed, the date mu	block does not meet the applicable statutory (	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed	0207 ( d as t
	ve date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after	the
•			
d is filed.			
e record specifies a delayed effection of the filed.  Dated JUNE, 01		ative of a member	