

121 000 333 274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

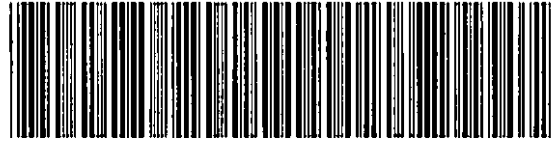
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

NOV 15 2021



500375446525

11/01/21--01032--005 **25.00

NOV 15 2021



zenbusiness

Oct 27, 2021

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: AirCooled Collection LLC

To Whom It May Concern:

Attached please find the executed CERTIFICATE OF AMENDMENT for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc
Attention: Kelly Castro
5511 Parkerest Dr., Suite 103
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro
ZenBusiness Customer Success

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AirCooled Collection LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2021 and assigned Florida document number L21000333274.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ricardo Wasner	1818 Southwest 1st Avenue	<input type="checkbox"/> Add
		Apt 2002	<input type="checkbox"/> Remove
		Miami, Fl. 33129	<input checked="" type="checkbox"/> Change
AMBR	Emily Parra	9300 Fontainebleau Blvd	<input checked="" type="checkbox"/> Add
		409	<input type="checkbox"/> Remove
		Miami, Fl. 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

