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COVER LETTER

	Registration S Division of Co			
comme	COOLOS	A PROPERTY ENTERPRISES	SLLC	
SUBJEC	.1:	Name of Lin	nited Liability Company	
		f Amendment and fee(s) are sub- ondence concerning this matter	<u> </u>	
		IDALBERTO CARDENA	sS.	
		<u>-</u>	Name of Person	
		COOLOSA PROPERTY I	ENTERPRISES LLC	
			Firm/Company	<u> </u>
		1219 BAYOU ST		
			Address	
		LEHIGH ACRES, FL 339	774	
		AIRCARDENAS@YAHO	City/State and Zip Code O.COM	
		E-mail address; (to be used for future annual report notif	ication)
For furthe	er information (concerning this matter, please c	all:	
IDALBE	RTO CARDEN	NAS	786 3372654 at ()	
	Name o	of Person		Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 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

COOLOSA PROPERTY ENTERPRISES 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 03/04/2022 ____ and assigned Florida document number 1.22000112923 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CALOOSA PROPERTY ENTERPRISES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City

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:

<u>or removed</u>	from our records:		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
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			Change
			□Add

____ □Change

Note: If the date inserted in this blo document's effective date on the De e record specifies a delayed effective rd is filed.		ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
Note: If the date inserted in this blo				
Effective date, if other than the if an effective date is listed, the date mus	t be specific and cannot book does not meet the	be prior to date of filing of applicable statutory f	(option or more than 90 days after fi iling requirements, this o	ling.) Pursuant to 605 0207 (
				
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Filing Fee: \$25.00