Division of Corporations

Florida Department of State Division of Corporations Electronic Eiling Gover Sheet

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To:

Division of Corporations

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: (850)617-6383

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Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporarl@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COOLPACK USA LLC

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2022 JUN -8 AM 9: 35

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Electronic Filing Menu

Corporate Filing Menu

Help JUN - 8 **2022**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOLPACK USA LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	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 office at agent and/or the new registered office address here:	idress on our records, <u>enter the n</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	AM PAR
	City	Zip Cod e
New Registered Agent's Signature, if changing Registered Agent:		35

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
MGR	Olivier Dupoux	15801 SW 86TH AVENUE	■Add
		PALMETTO BAY, FL 33157	□Remove
		·	Change
			□Add
			□Remove
			□Add
			Remove
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<u> Note:</u> If	the date inserte	than the date on the date must be spe d in this block doo le on the Departm	es not meet the	applicable	e of filing or mo statutory filing	ore than 90 days requirement	optional) after filing.) Pur s, this date will	suant to 605.0207 (not be listed as t
record : d is filed		red effective date.	but not an effi	ective time, i	at 12:01 a.m. u	n the earlier o	of: (b) The 90	th day after the
ated	UNE 7		, 202	7				
		Signatu	ire of a member	or authorized	representative	of a member		
			-					

Filing Fee: \$25.00