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Special Instructions to	Filing Officer:	

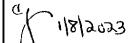
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	E COOL LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	NATALIE NEFF		
		Name of Person	
	HORUS ACADEMY COM	PLIANCE	
		Firm/Company	
	3840 N 50TH STREET, ST	E 100	
		Address	
	TAMPA, FL 33619		
		City/State and Zip Code	
	COMPLIANCE@HORUSA		
		be used for future annual report n	otification)
For further information of	oncerning this matter, please ca	II:	
NATALIE NEFF		800 395-3156	
Name o	f Person	at ()	time Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	
Division of C		Division of C	Corporations
P.O. Box 632	27	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED

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OL LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) B. MOORE COOL LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{05/18/2022}{1}$ and assigned Florida document number L22000209232 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: B. MOORE KOOL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3840 N 50TH STREET Enter new principal offices address, if applicable: STE 1650 (Principal office address MUST BE A STREET ADDRESS) **TAMPA, FL 33619** 3840 N 50TH STREEET Enter new mailing address, if applicable: STE 100 (Mailing address MAY BE A POST OFFICE BOX) **TAMPA, FL 33619** 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: N/A Name of New Registered Agent: 3840 N 50TH STREET, STE 100 New Registered Office Address: Enter Florida street address TAMPA

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Remove
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Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this bloom	ck does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be) 605.0207 (: listed as t
document's effective date on the Dep e record specifies a delayed effective	date, but not an effective (time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
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Filing Fee: \$25.00