Florida Department of State

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(((H23000090357.3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN :-J2COOL LLC

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COVER LETTER

TO: Registration S Division of Co				
CEDIROT.		POOL LLC	• .	
SUBJECT:	Name of Lin	nted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub-	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
	EFFLET234@4NCFILE.CC	City/State and Zip Code M		
To that a later with		to be used for future annual report no	tification)	
LOVETTE DOBSON	concerning this matter, please c	an. 888462345	3	
Name of Person		at ()		
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sol.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of C		Division of Ce		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ANTICLES OF AMENUMERIA

..... Page: 3/5

TO ARTICLES OF ORGANIZATION OF

	Л <u>2</u> ССИ)			
(<u>Name of the Lim</u>	ited Linbility Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Florida document number 1.22000326072	Liability Company	were filed on 07/22/2022		_ and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "I	LC" or the abbre	viation "L.E.C."
Enter new principal offices address, if applicable:		1150 Nw 72nd Ave Tower I Ste 455 #9569		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33126		
Enter new mailing address, if applicable:		1150 Nw 72nd Ave Tower I	Sic 455 #9569 	
(Mailing address MAY BE A POST OFFICE	E BOX)	Miami, Fl. 33126	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : ess here:	address on our records, ent	er the name of 23 H	f the new registere
Name of New Registered Agent:	REPUBLIC RE	GISTERED AGENTALIC		
New Registered Office Address:	1150 Nw 72nd	Ave Tower I Ste 455		
		Enter Florida street add	ress :	<u> </u>
	Miami	· · · · · · · · · · · · · · · · · · ·	Florida 33126	
		City		Zw 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.

Willey Wholah

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: (((H23000090357 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Johnnie Brown	1150 Nw 72nd Ave Tower 1 Ste 455 #9569	
		Miami, FL 33126	□Remove
			= Change
			□Add
			□Remove
		□Change	
			🖸 Add
		□Remove	
			FlAdd
			□Remove
			ElChange
		□Add	
			□ □Remove
			☐ Change
		 	[J]Add
			□Remove
			□Change

	mation, enter change(s) here: vAuach additional sheet	s. 14 necessary.)
	- 117	
		·····
		
		
Effective date, if other than to that effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing: must be specific and cannot be prior to date of filing or more than 90 c block does not meet the applicable statutory filing requirement. Department of State's records.	(optional) days after filing.) Pursuant to 605,0207 (3 ents, this date will not be listed as the
he record specifies a delayed effec ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated March 09	2023	
_	Signature of a member of Juthorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	Johnnie Brown	
	Typed or printed name of signee	

Filing Fee: \$25.00