## 12300023612

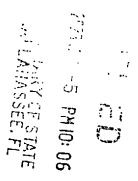
(Re	questor's Name	)
(Ad	dress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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07/05/23--01015--008 \*\*25.00



P. HUNT 07/05/23

## **COVER LETTER**

Registration, Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations	•	•		
SUBJECT:	Onward Fac	cilities Management LLC	w		v	
SUBJECT.	<del></del>	Name of Lim	nited Liability Company		-	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	ı all correspo	ndence concerning this matter	to the following:			
		Daniel Piastuck				
			Name of Person		_	
		Onward Faciltiies Manage	ment LLC			
			Firm/Company		_	
		110 Vista Lake Circle			mber  O Filing Fee. ifficate of Status & ified Copy tional copy is enclosed)	ر (3) ادر
			Address		— [ (	-
		Ponte Vedra / FL 32081			55-	ř,
		<del> </del>	City/State and Zip Code		一 記 記 と 記 と に と に に に に に に に に に に に に に	•
		dpiastuck@gmail.com	to be used for future annual rep		- - 두 	` \
For further in	nformation c	oncerning this matter, please c	•	ort notification)	ים הו	
Daniel Piast		, , , , , , , , , , , , , , , , , , ,	631 523-3 at ( )	589		
<del></del>	Name o	f Person	Area Code	Daytime Telephone Num	ber	
Enclosed is a	a check for th	ne following amount:				
<b>■ \$25.00 I</b>	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certifi ed) Certifi	icate of Status of ied Copy	
	iling Addres		<u>Street Add</u> Registrati	ress: on Section		
	-	forporations	<del>-</del>	of Corporations		
P.C	D. Box 632	.7		re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Onward Facilities Management LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L23000023612	were filed on Janua	ury 11, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<b>:</b>	
Bummer Coolers LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:	N/A	: :	127 J
(Mailing address MAY BE A POST OFFICE BOX)		-1 -1 -1	NIO: 06
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:	NA		
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	
<del></del>	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

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>	Name	Address	Type of Action
	NA		□Add
			□Remove
		J	Change
		<del></del>	□Add
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			□ Remove
			Change
			□Add
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Change

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1-25		date, but not an ef							
Signature of a member or authorized tenresentative of a member	is filed.  June 28th								
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