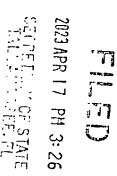
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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Y. SCOTT JUN - 3 2023

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIF	Sid mi	ers Coolers L	LC.	
SUBJE	(CI: 111CI	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Todd L	Colbert	
			Name of Person	
				202; F)
			Firm/Company	2023 APR 17
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			routes	SEE SEE
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		Allaccessacc	Address City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
		E-mail address: (to be used for future ahmual report notal	ication)
For fu	ther information o	oncerning this matter, please o	all:	
		olbect	a1 7 7 7 10 - 4	1-7-4-4
	Name o	 	=:	e Telephone Number
Enclos	adicachack for th	ne following amount:		
			☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fec.
V21 32	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632	27	The Centre of T	
	Tallahassee 1	FL 32314	2415 N. Молго	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company	by were filed on $\frac{303}{133}$ and assign	ed
Florida document number L 33000 [LHGG]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ability company here:	
Prider Cooless LC	202 15	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C" or the abbreviation "L.L.C	• **
Enter new principal offices address, if applicable:	कर्न हैं	
(Principal office address MUST BE A STREET ADDRESS)	3 7	
(Trincipal office damess most performance)	양의 교	
	7. 26 26	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new r	<u>egisterec</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Basistand Office Address:		
New Registered Office Address:	Enter Florida street address	-
	. Florida	
	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 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

Title	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00