L06000084186

(Re	questor's Name)	
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(Do	cument Number)	
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TO: ٥.

Registration Section **Division of Corporations**

Ice For Less, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Chesser, Jr. Name of Person Ice For Less, LLC Firm/Company 18524 NW 202nd St. High Springs, FL 32643 City/State and Zip Code

noxubeejack@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Chesser, Jr.

Name of Person

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ice For Less, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 08/25/06 and assign Florida document number L06000084186	ned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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)	
/A	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	the nev
Name of New Registered Agent: Albert Chesser, Jr.	
New Registered Office Address: 18524 NW 202nd St - Same As be 1	fore
Enter Florida street address	
High Springs , Florida 32643	
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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Type of Action Address** Edna R. Chesser 18524 NW 202nd St MGR □ Add High Springs, FL 32643 □ Add ☐ Remove ☐ Remove □ Add □ Remove □ Add □ Remove

D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date at	(optional) und cannot be more than 90 days after
Dated August 12 Signature of a member of authorized rep	
Albert Chesser, Jr. Typed or printed name of	of signee
	SECRETA TARES AND ASSESSED TO ALLAMAGE AND ASSESSED TO

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Filing Fee: \$25.00