

LO9080044495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

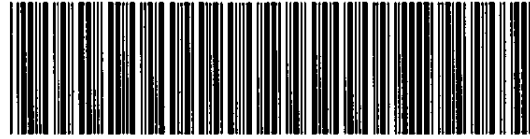
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Ice, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Scherber
(Contact Person)

(Firm/Company)

13257 Rinaldi Rd.
(Address)

San Antonio FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Scherber at (813) 714-2830
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

Gulf Coast Ice, 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 5/2/2008 and assigned Florida document number L08000044495

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: 13257 Rinaldi Road
San Antonio, Florida 33576
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 13257 Rinaldi Road
San Antonio, Florida 33576
(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: Jarrod M. Scharber

New Registered Office Address: 38038 Meridian Avenue

Enter Florida street address

Dade City, Florida 33525

City

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STATE OF FLORIDA
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Twice the Ice Holdings, LLC	c/o Ulysses Management	<input type="checkbox"/> Add
		One Rockefeller Plaza, 20th Floor	<input checked="" type="checkbox"/> Remove
		New York, New York 10020	
MGR	William M. Scharber	13257 Pincidi Rd.	<input checked="" type="checkbox"/> Add
		San Antonio, FL 33576	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

William Scherber

Signature of a member or authorized representative of a member

William Scherber, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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