L23000308154

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2023 SEP 28 PM 2: 00 SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of	n Section , Corporations		
SUBJECT:	Chill Master	LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Nick	OUSIICHUK Name of Person	
		Name of Person	
		Firm/Company	
	12278 PEAN	H CT	
	Chillmaster E-mail address: (City/State and Zip Code NAC AGMAIL. Co to be used for future annual report not	offication)
For further informatic	on concerning this matter, please c	all:	
TNN A Nan	Mi+WVA me of Person	at (904) 574 Area Code Daytin	- 1000 ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
Division o	f Corporations	Division of Co	rporations
P.O. Box (004 I	The Centre of	i aiianassee

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chill Master LLC	
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or Florida document number $\frac{L2300308154}{}$.	06-27-2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain 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)	23 SEP ==
Enter new mailing address, if applicable:	28 PH 2:
(Mailing address MAY BE A POST OFFICE BOX)	8
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
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 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>	<u>Name</u>	Address	Type of Action
<u>.MG</u> R	Andrey Grozdev	11135 Pereless LN	MAdd
		JACKSONVIlle, FL 32246	□Remove
			□Change
MBR	INNA MiterA	12278 Peanut CT	MAdd
		JACKSONVIlle, FL 32226	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
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an eff <u>ote:</u>	ve date, if other than the date of filing:
ecore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited .	September 20th. 2023.
	W.
	Signature of a member or authorized representative of a member