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(Address)			
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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:Q-	ICE BUIDET,	LLC ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Pet	er Fleck	
		Bulders Firm/Company	
	_	Norder Lane Address	
	Winderme	City/State and Zip Code	
	E-mail address: (1	K QQOL. COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca		
Peter F	FIECK of Person	at (40) 124 Area Code Daytim	-\550 e Telephone Number
Enclosed is a check for t	he 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 Fiting Fec. Certificate of Status & Certified Copy tadditional 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

Q-ICE Build		
(Name of the Limited Liab) (A Florid	lity Company as It now appears on a da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>LO 4000 9019</u> 2	-	OU/2004 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 20
(Principal office address MUST BE A STREET ADD	RESS)	S <u>'</u> ;
		1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
internal management and the control of the control		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida str	eet 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>	Name	Address	Type of Action
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		Windermere, FL 3478Le	Remove
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C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to	605.0207 listed as	(3)(b) the
f the record specifies a delayed effective date, but not an effective time, at $12:01$ ab). The 90th day after the record is filed.	a.m. on the ea	ırlier of	:
Dated Friday October 6. 2017.	Bit of the second of the secon	2017 OCT 12	55 j <u>1</u> 57mc
Signature of a member or authorized representative of a member  Peter Fleck Typed or printed name of signee	: '	12 44 10: 40	
Types of printed frame of signee			

Page 3 of 3

Filing Fee: \$25.00