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COVER LETTER

TO:	Registration Sec Division of Corp	ction ogrations	,	4
	ICERIF T	ECHNOLOGY, LLC	,	
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		JOSEPH A. ZAMBE	LLA	
			Name of Person	
		ICERIF TECHNOLO	GY, LLC	
			Firm/Company	
		1255 NW 140TH TE	RRACE	
			Address	
		PEMBROKE PINES	, FL 33028	
		JZAMBELLA@GMAI	City/State and Zip Code L.COM	
		E-mail address: (to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	all:	
JOSI	EPH A. ZAMBI	ELLA	954 438-0130	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
		-	5 455 00 BW - 5 0	F7 0 00 P21 F
■ \$2	5.00 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

ICERIF TECHNOLOGY, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v L06000038603	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> ZENWAY ENTERPRISES, LLC	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity 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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
registered agent and/or the new registered office address here	•	
Name of New Registered Agent:		· <u>E</u>
Navy Bagistared Office Address		
New Registered Office Address:	Enter Florida street address	The state of the s
	, Florida	The state of the s
, 	City , Florida	Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

Kuthorized Member		
<u>Name</u>	Address	Type of Action
		Add
		Remove
		Add
		□ Remove
		Remove
		المناه
		Add
		□ Remove
		Remove
		Add
		- 2
		Remove
		Add
		□ Remove
	Name	Name Address

	ach additional sheets, if necessary.
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date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date e date this document is filed by the Florida Department of State) JULY 14 2014 ated	
e date this document is filed by the Florida Department of State) JULY 14 2014	

Page 3 of 3

Filing Fee: \$25.00