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## **COVER LETTER**

TO: Registration Se Division of Cor			
TISH EN	TERPRISES, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-	-	
	Ronen Tish		
		Name of Person	<del></del>
	Blue ICE Properties	LLC	
		Firm/Company	
	2214 Ridgewood Cir	rcle	
		Address	
	Royal Palm Beach,	Florida 33411	
		City/State and Zip Code	
	Ronen@BluelCEprop		<del> </del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Ronen Tish		561 568-6841	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS: ration Section	STREET/COURI Registration Sectio	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STAIL DIVISION OF CORPORATIONS

TISH ENTERPRISES, LLC

15 JAN -5 AM 8: 10

(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	y Company were filed on 07/12/2006	and assigned
Florida document number L06000069008	·	
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the l	limited liability company here:	
BLUE ICE PROPERTIES, LLC		
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 AD	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	, Flor	
	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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	DIVISION OF CURPORATION
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Page 3 of 3

Filing Fee: \$25.00