

108000065969

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(City/State/Zip/Phone #)

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EXAMINER



300163406863

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 10 PM 2:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILADELPHIA Water Ice Co LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JILL Harley
Name of Person

m g r m
owner: PHILADELPHIA Water Ice Co LLC.
Firm/Company

371 GAGE ST S.E
Address

PAHM Bay FL 32909
City/State and Zip Code

LILJILL1@aol.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Harley at (267) 408 1056
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 10 PM 2:16

Philadelphia Water Ice Co. 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 7/08/08 and assigned
Florida document number LO8000065969.

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:

(Principal office address MUST BE A STREET ADDRESS)

371 GAGE ST S.E.
PALM BAY FL
32909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

371 GAGE ST S.E.
PALM BAY FL
32909

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: JILL HARLEY

New Registered Office Address: 371 GAGE ST S.E.

Enter Florida street address

PALM BAY, Florida 32909
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 608, 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.

Jill Harley
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

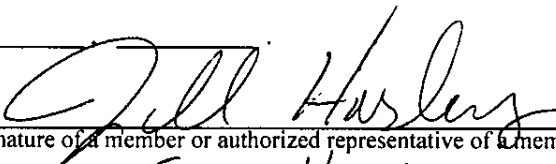
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS L ARENA IV	371 GAGE ST PALM BAY FL 32909	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Regent	OLIVER RIVERA	371 GAGE ST PALM BAY FL 32909	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____


Signature of a member or authorized representative of a member

Jill Harley
Typed or printed name of signee