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SECRETARY OF STATE
TALLAHASSEE FINALE

J. BRYAN

APR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:		Nice Ice.	
	(Name of Limit	ited Liability Company)	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	SECON TI
Please return all corresponde	ence concerning this matter	to the following:	型心
		ol Mahood (Name of Person)	
	Caro	15 Dice Ice (Firm/Company)	
		Oitie Highu (Address)	
	STuar	T FI. 34997 (City/State and Zip Code)	
For further information cond	cerning this matter, please ca	all:	
Carol M (Name of P	Kalood Person)	at (772) 215 - 4 (Area Code & Daytime T	elephone Number)
Enclosed is a check for the f	_		
\$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



(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 Li	ability Company were filed on $3 - 11 - 2009$ and assigned
Florida document number <u>L 690003</u>	13733.
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
	·
B. If amending the registered agent and/oregistered agent and/or the new registered of	
Name of New Registered Agent:	CarolA. Mahood 50 NE Ditie Hwt # ELS (Enter Florida street address)
New Registered Office Address:	50 NEDIXIC HWY #EL
	(Enter Florida street address) STU21T, Florida 34994
	(Cital)

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.

(If Changing Registered Agent, Signature of New Registered Agent)

Name	Address	Type of Action
Carol Mahood	934 SPruce Ridge Dr. #. STUANT, Fl. 34844	A4 X Add Remove
*** Landred many		Add Remove
		Add Remove
	•	Add Remove
		Add Remove
		Add Remove
Carch 30, 200	SECRETARY OF STATE FLORIDA 2	09 APR 12 AH 11:21
	any other information, enter change (Anch 30 , 200 Signature of a member of Roy B Mah	any other information, enter change(s) here: (Attach additional sheets, if necessar ALLES ATTACH ADDITIONAL STREET OF A MANAGER AND ADDITIONAL Signature of a member or authorized representative of a member

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00