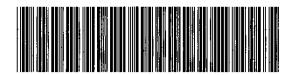
109000076807

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
<i>(</i>		
(Cit	y/State/Zip/Phon	e#)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Na	me)
•	·	•
<u></u>	cument Number	
(120	cument Number)
Certified Copies	Certificate	s of Status. <u> </u>
Special Instructions to	Eiling Officer	
opeoidi motraetione te	ining Cilicon	

Office Use Only



700160361407

09/08/09--01023--004 **30.00

2099 SEP -8 AM 10: 52
SEGRETARY OF STATE
AND ANASSEE, FLORIDA

T. CLINE

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: FUNNY-		JUICY ICE LLC				
	Name of Limi	ted Liability Company	-			
	Amendment and fee(s) are sul					
TATIANA MATVEYEVA						
Name of Person						
	Fl	JNNY-JUICY ICE LLC				
		Firm/Company				
		221 NE 211 Address				
		MIAMI, FL 33179				
	·	City/State and Zip Code				
	BGBo	ookkeepingTax@aol.com to be used for future annual report notific		200		
	E-mail address: (to be used for future annual report notific	ation)	(2) (2)	2009 SEP	er er gen-
For further information	concerning this matter, please of	call:		చ≥	1 :	electronical de la constanta d
TATIA	NA MATVEYEVA	at (50-5052	1883 mg	∞ æ	lel.
Name o	of Person	Area Code & Daytime	Telephone Number	EST ST		la locata
				22 0m	÷ 52	
Enclosed is a check for t	the following amount:			, च. ►	. •	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		
	ING ADDRESS	CTREET/COURIE	D ADDRESS.			

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

FUI	NNY-JUICY ICE LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apper orida Limited Liability Company)	ars on our records.			
The Articles of Organization for this Limited Liabil Florida document number		August 11,2009	and assigned	d	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company he	ere:			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	pany," the designation "LI	.C" or the abbre	viation	
Enter new principal offices address, if applicable	e:				
<u>(Principal office address MUST BE A STREET A</u>	IDDRESS)		चिंद 😜		
	 		SEG 8		
Enter new mailing address, if applicable:			EP-8		
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
			N ID 52	()	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, enter th	e name of the	e new	
Name of New Registered Agent:					
New Registered Office Address:	E	nter Florida street addr	ess		
	, Florida				
-	City	, Fiorida	Zip Code		
New Desistand Agent's Signature if shanging Dag	istored Agent.				

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

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 Address Type of Action Title Name DR Ella Ahgal 2791 SW 120th Terrace ✓ Add Remove Miramar, FL 33025 □ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) September, 09 2009 Dated_ Signature of a member or authorized representative of a member ELLA AHGAL TATIANA MATVEYEVA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00