

L100000062468

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 8 2014

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ICE WIND, LLC

DOCUMENT NUMBER: L10000062468

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABET RAPELA

Name of Contact Person

ICE WIND, LLC

Firm/ Company

3663 SW 8TH STREET SUITE 210

Address

MIAMI FLORIDA 33135

City/ State and Zip Code

bernardosaruski@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABET RAPELA

Name of Contact Person

at (305) 4484446

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2014

ELIZABETH RAPELA
ICE WILD LLC
3663 SW 8TH STREET STE 210
MIAMI, FL 33135

SUBJECT: ICE WIND LLC
Ref. Number: L10000062468

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00014530

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ICE WIND 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 06/10/2010 and assigned
Florida document number L10000062468.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

ELIZABET RAPELA

New Registered Office Address:

3663 SW 8TH STREET SUITE 210

Enter Florida street address

MIAMI

City

Florida 33135

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

14 JUL -8 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>KAN, JIUXIANG</u>	<u>3663 SW 8TH STREET SUITE 210</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33135</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ELIZABET RAPELA</u>	<u>3663 SW 8TH STREET SUITE 210</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33135</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>CLAUDIA A ZERBA</u>	<u>3663 SW 8TH STREET SUITE 210</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33135</u>	<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

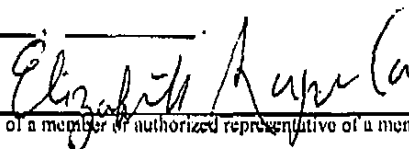
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signer