Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002343113)))



H100002343113ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

: (323)962-3889

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICE ICE BABY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED
10 OCT 27 AM 6:
SECRETARY OF ST

Electronic Filing Menu

Corporate Filing G. MCLEOD

OCT 28 2010

EXAMINER

10 OCT 27 PM 12: 21

COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: ICE ICE BABY, LLC (Name of Limited Liability Company)	
(take of Billing Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dragana Ognenovska	
(Name of Person)	
Legalzoom.com, Inc.	
(Firm/Company)	
100 W. Broadway Suite 100	
(Address)	
Glendale, CA 91210	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dragana Ognenovska at (323) 962-86	00
(Name of Person) (Area Code & D	Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enc.)	Section 15,000 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	
MAILING ADDRESS: STREET/CO Registration Section Registration S	OURIER ADDRESS:
Registration Section	

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

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

FILED

10 OCT 27 PM 12: 21

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now a Florida Limited Liability Comp	onears on our records.)			
The Articles of Organization for this Limited L	iability Company were filed on	08/13/2010 and assigned			
Florida document number <u>L10000085045</u>	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability compan	<u>v here</u> :			
The new name must be distinguishable and end w	ith the words "Limited Liability C	company," the designation "LLC" or the abbreviation			
B. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the name of the new			
Name of New Registered Agent:	Bassel Ibrahim				
New Registered Office Address:	New Registered Office Address: 3101 Port Royale Blvd. Apt 1027				
•		(Enter Florida street address)			
	Fort Lauderdale	, Florida <u>33308</u>			
	(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.

(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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	**************************************		Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	iing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated	7:	*	 -
	Signature of a member	or authorized representative of a member	
	B Tyred	assel Ibrahim or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00