Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

DEUI GOOLJAR

Account Name

: PLANET HOLLYWOOD INTERNATIONAL, INC.

Account Number : I20080000100

: (407)903-5513

Phone Fax Number

: (407)352-7310

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICEBRKER, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

т0:	Registration S Division of Co	Section				
SUBJI	ЕСТ:	ICEE	BRKER, LLC			
		Name of Limi	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
DEVI GOOLJAR						
	Name of Person					
PLANET HOLLYWOOD INTERNATIONAL, INC.						
Firm/Company						
	6052 TURKEY LAKE ROAD					
	Address					
	ORLANDO, FL 32819					
			City/State and Zip Code			
	DGOOLJAR@PLANETHOLLYWOODINTL.COM					
			to be used for future annual report notifica	tion)		
for fur	ther information	concerning this matter, please o	ealt:			
		VI GOOLJAR	at (407) 9	03-5647		
	Name a	of Person	Area Code & Daytime 7	elephone Number		
Enclose	ed is a check for t	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

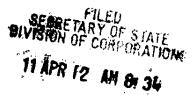
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PLANET HOLLYWOOD

Fax 407352731

Apr 12 2011 12:57pm P003/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION : OF



	ICEBRKER, LLC	4		
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on	APRIL 4, 2011	and assigned	
Florida document numberL1100004	40313			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company be	ere:		
The new name must be distinguishable and end w	with the words "Limited Liability Comp	pany," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter (the name of the new	
Name of New Registered Agent:	Martha McIntosh			
New Registered Office Address:	6052 Turkey Lake Road			
	Enter Florida street address			
	Orlando	, Florida	32819	
	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

MGR = Manager

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:

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action OCS CONSULTANTS, INC. MGRM Add Add 6052 TURKEY LAKE ROAD ORI ANDO, FL 32819 Remove MGR ROBERT BENJAMIN EAR 🔲 Add 6052 TURKEY LAKE ROAD Remove ORLANDO FL 32819 ☐ Add Remove MbA 🦳 Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 12 Signature of a member or authorized representative of a member

Page 2 of 2

Martha McIntosh on behalf of OCS CONSULTANTS, INC., MGRM
Typed or printed name of signee

Filing Fee: \$25.00