#1/1000100402

(Requestor's Name)			
(Address)			
(Ad	ldress)	·· · · · · · · · · · · · · · · · · · ·	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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DEPARTMENT OF STATE

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K.SALY EXAMINER JAN -4 2013



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

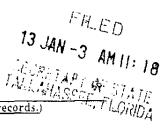
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	•	DOCUMENT#) -11006100402
2. (CORPORATE NAME	(1)	DOCUMENT #)
3. (CORPORATE NAME)	(L	DOCUMENT #)
☐ Walk-In	Pick up time: Certified Copy	y $ \Box $ Certificate Of Status
New Fillings 72	Amendments	Other Filings:
Profit	Amendments	Annual Report
Profit Non-Profit	Amendments Resignation	Annual Report Fictitious Name

Examiners Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ICE GLASSWARE 18. 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 Liab	bility Company were filed on 09/01/20	11 and assigned
Florida document number <u>L11000100402</u>	.	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	.4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi-		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	BITTAN ISSAC	2012 NE 155TH ST	Add
		NORTH MIAMI BEACH, FL 3316	2 Demove
			回ch
MGRM	MOISES ESUSY	2012 NE 155TH ST	Add
		NORTH MIAMI BEACH, FL 3316	2 Remove
			_
			Add
			Remove
	•		_
			bbA.
			Remove
			_
			Add
			Remove
			-
			Add
			Remove

	nter change(s) here: (Attach additional sheets, if necessary.)
PLEASE ADD "50%" IN	THE TITLE OF THE MGRM MOISES ESUSY.
PLEASE ADD "50%" IN	THE TITLE OF THE MGRM BITTAN ISAAC.
DECEMBER 14	2012
	Q: 11
Signatu	re of a member or authorized representative of a member
BITTAN ISSAC	
	Typed or printed name of signee

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