## L12000098347

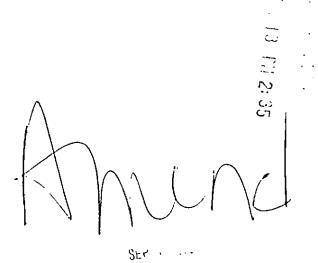
(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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I ALBRITTON

## **COVER LETTER**

то:	Registration Section Division of Corporate			
SUBJI	ZCT)	C.+W	Ice LLC	
SOBJI	.(.1:	Name of Limit	ed Liability Company	
The en	closed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	ence concerning this matter to	o the following:	
		Kevin ¿	Shay Starling	19
		C+W:	Ice, LLC	
		- 1	Firm/Company	)
		221 SW (	Sarden Stree	<u> </u>
		Keystone 1	Heishts FL 3 City/State and Zip Code	32656
	-	Star II E-mail address: (to	ng sone fec.	org ication
For fur	ther information cond	cerning this matter, please cal	И:	
<u></u>	Kevin Sh	lay Starling	$\frac{1}{2} = \frac{352}{\text{Area Code}} = \frac{317 - 1}{\text{Daytime}}$	Telephone Number
Enclos	ed is a check for the t	following amount:		
<b>X</b> (\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L1200098347.			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	on our records, enter the name of the pew registered	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	55)		_
			_
•		7.02.J	
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
D. If amonding the assistant agent and/or resistant a	ffice address on our recor	de anton the name of the Sidor regie	amad
agent and/or the new registered office address here:	ince address on our recor		<u>er eu</u>
		O1	
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida si	reet address	_
		Florida Zıp Code	_
	Ciţy	Zıp Code	
New Registered Agent's Signature, if changing Registered A	gent:		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action **Title** Name James Walker 24589 County Rd. 125 North Ende Sanderson, FL 32087 \*Remove MGR Gary Ray Miller 17500 Crews Rd. KAND Glen St. Mary PL 32040 | Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove □Remove

	·
an effective lote: If th	date, if other than the date of filing:
record spo Lis filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	August 10 2020
-	Signature of a member of authorized representative of a member
	Kerin Shay Starling Typed or printed name of signce

Filing Fee: \$25.00