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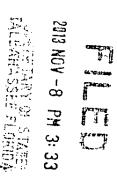
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COVER LETTER

TO:

Registration Section Division of Corporations

IGLOO DELIGHT LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAZEL AREY

Name of Person

JOEL MARCUS, INC

Firm/Company

676 WEST PROSPECT RD

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

JMARCUSCPA@YAHOO.COM

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

For further information concerning this matter, please call:

HAZEL AREY

954 566-8513

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on o	ur records.
The Articles of Organization for this Limited Liabili	ty Company were filed on04/15	2013 and assigned
Florida document numberL13000054707	,	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	bmitted to amend the following: te, enter the new name of the limited liability company here: distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: Y BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new /or the new registered office address here: w Registered Agent: ered Office Address: Enter Florida street address Florida	
3 /	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) In for this Limited Liability Company were filed on	
	words "Limited Liability Company," th	e designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	ida Limited Liability Company) ty Company were filed on	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		n s an
		Se se Fig
		cords, enter the name of the new
registered agent and/or the new registered office	aduress here:	
Name of New Pagistered Agent		•
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New Registered Office Address:	Enter Flo	ovida street address
	Enter Fil	मायव आस्टा प्राप्याच्ड
_	City	
	CHY	zip Coae

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 **Type of Action** Name **Address** Title Title **RASMI AKEL** 9880 VIA BERNINI **MGR** LAKE WORTH Remove FL 33467 Add Remove Remove Remove Add Remove

).' Ìf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	11-6-13
	Signature of a member or authorized representative of a member
	/ \ JOEL MARCUS, CPA
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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