

L13000054707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

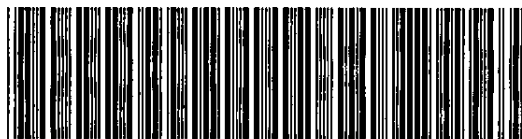
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600284566346

04/15/16--01014--006 **25.00

FILED
15 MAY -2 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 04 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Igloo Delight LLC
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:

Rasmi Akel

Name of Person

Igloo Delight LLC

Firm/Company

4778 NE 11th Avenue

Address

Oakland Park, FL 33334

City/State and Zip Code

norasmith01@aol.com

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

For further information concerning this matter, please call:

Rasmi Akel

Name of Person

at (561)

Area Code

329-4006

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

RASMI AKEL
4778 NE 11TH AVENUE
OAKLAND PARK, FL 33334

SUBJECT: IGLOO DELIGHT LLC
Ref. Number: L13000054707

4/18/16

2016 MAY -2 AM 8:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for IGLOO DELIGHT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 216A00007984

FILED
16 MAY -2 AM 10:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Iqloo Delight 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 Liability Company were filed on April 15, 2013 and assigned Florida document number L13000054707.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 605, 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 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------------------------|---------------|---------------------------|--|
| MGR <i>Managing Partner</i> | Rasmi Akei | 9880 Via Bernini | <input type="checkbox"/> Add |
| | | Lake Worth, FL 33467 | <input type="checkbox"/> Remove |
| | | 44.4% | <input checked="" type="checkbox"/> Change |
| AMBR | Ibrahim Nasif | P.O. Box 1655 | <input type="checkbox"/> Add |
| | | Deerfield Beach, FL 33443 | <input type="checkbox"/> Remove |
| | | 28.6% | <input checked="" type="checkbox"/> Change |
| AMBR | Roston Akei | 9886 Via Bernini | <input type="checkbox"/> Add |
| | | Lake Worth, FL 33467 | <input type="checkbox"/> Remove |
| | | 27.0% | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
16 MAR - 2 PM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

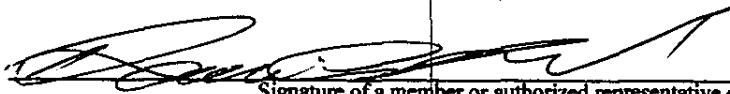
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 27, 2016.



Signature of a member or authorized representative of a member

Rasmi Akel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
16 MAY -2 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA