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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |  |   |
|--|---|--|---|
| SUBJECT: ICE                             | E-BOCD, LLC                                 |  | <b>코</b> 호  |
| SUBJECT:                                 |   | ed Liability Company   | 13 A  |
| The enclosed Articles of A               | Amendment and fee(s) are sub                | mitted for filing.   | ECRETARY OF S<br>LLAHASSEE, FL  |
| Please return all correspon              | dence concerning this matter                | -  | S. C. S.  |
|  | SAM MIZ<br>ICE-BOLA                         | RAHI   |   |
|  | ICC DIVA                                    | Name of Person   |   |
|  | 1CE-BULA                                    | Firm/Company   | · · · · · · · · · · · · · · · · · · ·   |
|  | 1072 2011                                   | afore they   |   |
|  | bus pen                                     | Address  | <del></del>   |
|  | Boynton 1                                   | Beach, FL 3  | 3183  |
| `,                                       | M12 (ahl e<br>E-mail address: (t            | PSCACH, FL 3.  City/State and Zip Code  SAM A) GMA1C.Co  o be used for future annual report notification | m & Sharimiz I a gmail.co   |
| For further information co               | ncerning this matter, please ca             | all:   |   |
| Sam /                                    | MICRAHI                                     | at ( <u> </u>  | lenhane Number  |
| Name of                                  | i cison                                     | Area Code & Daytille Te  | repriore Number   |
| Enclosed is a check for the              | e 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

(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 we      | re filed on        | 24, 2013<br>         | and as     | signed      |
|---|-----------------|--------------------|----------------------|------------|-------------|
| L13000077926  |                 |                    |                      |            |             |
| Florida document number   | •               |                    |                      | 芯          | AE "        |
|   |                 |                    |                      |            | <u> </u>    |
|   |                 |                    |                      | AUG        | £66 5       |
| This amendment is submitted to amend the following:             | :               |                    |                      | 26         | APT         |
|   |                 |                    |                      | σ          | SEPT        |
| A. If amending name, enter the new name of the li               | imited liabilit | v company here:    |                      | 3          |             |
| -   |                 | -                  |                      |            | - TANC      |
|   |                 |                    |                      | ည်         | LO<br>TS    |
| The new name must be distinguishable and end with the w"L.L.C." | vords "Limited  | Liability Company, | " the designation "L | LC" office | abbeniation |
| Enter new principal offices address, if applicable:             | _               |                    | ,                    |            | ·           |
| (Principal office address MUST BE A STREET ADI                  | npecc)          | ••                 |                      |            |             |
| Trucipa office address MOST BE A STREET ADD                     | <u>DRESSy</u>   |                    |                      |            |             |
|   |                 |                    |                      |            |             |
|   |                 | ,                  |                      |            |             |
|   |                 |                    | <i>:</i>             |            |             |
| Enter new mailing address, if applicable:                       |                 |                    |                      |            |             |
| (Mailing address MAY BE A POST OFFICE BOX)                      |                 |                    |                      |            |             |
|   | _               |                    |                      |            |             |
|   | _               |                    |                      |            |             |
|   |                 |                    |                      |            |             |
| B. If amending the registered agent and/or reg                  | gistered office | e address on our   | records, enter t     | he name (  | of the nev  |
| registered agent and/or the new registered office ac            | ddress here:    |                    |                      |            |             |
| <del></del>   |                 |                    |                      |            |             |
|   |                 |                    |                      |            |             |
| Name of New Registered Agent:                                   |                 |                    |                      |            |             |
|   |                 |                    |                      |            |             |
| New Registered Office Address:                                  |                 |                    |                      |            |             |
| <del>-</del>  |                 | Enter              | Florida street addi  | ress       |             |
|   |                 |                    | , Florida            |            |             |
|   | (               | Citv               |                      | Zin Cod    | e.          |

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| <u> </u> | <u>Name</u> | <u>Address</u>               | Type of Action |
|----------|-------------|------------------------------|----------------|
| Mgr      | Sam Mizrahi | 8023 Bellafiore Way          | Add            |
|          |             | Boynton Beach, Florida 33183 | Remove         |
|          |             |                              |                |
|          |             |                              | Add            |
|          |             |                              | Remove         |
|          |             |                              |                |
|          |             |                              | A ALCOR        |
|          |             |                              | REASSEE, OF PH |
|          |             |                              | 0F S 1,33      |
|          |             |                              | Remove         |
|          |             |                              |                |
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|          |             |                              | Remove         |
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| ·        |             |                              | Add            |
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| August 29, 2012 & | Mhi, MM |
| 1.1               |         |
| Maril             | M/M, MM |

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Filing Fee: \$25.00

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