## 2/3000/165/2

(Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: INNERFREEZE 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:

Shawn C. Newman

Name of Person

Law Office of Shawn C. Newman, P.A.

Firm/Company

710 N.E. 26th Street

Address

Wilton Manors, FL 33305

City/State and Zip Code

Shawn@ShawnNewman.com

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

For further information concerning this matter, please call:

Shawn C. Newman

954 563-9160

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

INTERFREEZE LLC				
(Name of the Limited Liabil (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on August	17, 2013	_ and assi	gned
Florida document number <u>L13000116512</u>	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
INNERFREEZE LLC				
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company,"	ولدthe designation للكاورة الم	or the al	obreviation
Enter new principal offices address, if applicable:		## ## ## ## ## ## ## ## ## ## ## ## ##	- ∰ >	
(Principal office address MUST BE A STREET AD.	DRESS)	279 Å Å 1784 – 4		<u> </u>
		1, 15, Til	710	
		. 3 <del>- 1</del> 교급	. P	
Enter new mailing address, if applicable:		12.7	1	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		records, <u>enter the</u>	name of	the new
Name of New Registered Agent:			<del>-</del>	
New Registered Office Address:				
	Enter F	lorida street addres	rs	
		, 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> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Add Remove

d August 20 , 2013 .  Signature of a member or authorized representative of a member Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	•		
Signature of a member or authorized representative of a member  Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00			
Signature of a member or authorized representative of a member  Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00			
Signature of a member or authorized representative of a member  Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00		······································	
Signature of a member or authorized representative of a member  Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00			
Signature of a member or authorized representative of a member  Shawn C. Newman  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	August 20	2013	
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·		Page 3 of 3	
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