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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

ICESCRE	EEN LLC	· •	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Miller		
	lcescreen LLC	Name of Person	
		Firm/Company	
	7027 W. Broward Blvd		
		Address	·
	Plantation, Florida, 33317	7	
	dan@icescreen.com	City/State and Zip Code	····
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Daniel Miller		949 316 - 7116	
Mana	of Person	at () Area Code Daytin	na Talanhana Mumbur
Name o	n retson	Area Code Dayun	ie reiejmone isumoei
Enclosed is a check for the	he 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 Addres		Street Address:	ntion.
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICESCREEN LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
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 contain 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	<u>S)</u>	
		. N [
		3 0
		<del></del>
Enter new mailing address, if applicable:	<del></del>	<u> </u>
( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	, Flo	o <b>rida</b> Zip Code
	CIĢ	234.

## 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 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>	Address	Type of Action
MGR	ANDREW WRIGHT		
		4 DARIN COURT, CROWNHILL, MILLON KEYNES UK MIKWAD GB	🗆 Add
			Remove
			□ Changa
MGR	DANIEL MILLER		□Change
			□Add
			□Remove
		92 CORPORATE PARKWAY, IRVINE, CA 92606 US	20
			hange
			· Padd
			ARemove  OS  □Change
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ote: If the date inserted in this	he date of filing:  nust be specific and cannot be prior to date of filing of block does not meet the applicable statutory for Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.0207 listed as
1 1 2	tive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day a	fter the
is filed.	2020		
is filed.	2020		
is filed.	·		
l is filed.		ative of a member	

DO: E 635.00