

L150000 66212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

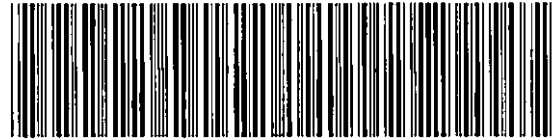
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700304032687

700304032687  
01/25/18--01001--002 \*\*25.00

FILED  
18 JAN 24 PM 2:49  
TALLAHASSEE, FLORIDA  
RECEIVED  
DEPARTMENT OF STATE  
18 JAN 24 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 25 2016

Y SULKER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

PICK UP:

1/24/18

☐

CERTIFIED COPY

☒

PHOTOCOPY

☐

CUS

☒

FILING

Amendment

1.

Icebox Cafe RE, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Icebox Cafe RE, 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:

Thomas O. Wells, Esq.

\_\_\_\_\_  
Name of Person

Wells & Wells, P.A.

\_\_\_\_\_  
Firm/Company

901 Ponce de Leon Blvd., Suite 200

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

mechelle@twellsllaw.com

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

For further information concerning this matter, please call:

Thomas O. Wells

305

444-0016

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

Icebox Cafe RE, 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, 2015 and assigned  
Florida document number L15000066212

This amendment is submitted to amend the following:

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

Icebox Pantry RE, LLC

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)**

901 Ponce de Leon Blvd.

Suite 200

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

901 Ponce de Leon Blvd.

Suite 200

Coral Gables, FL 33134

**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:

Wells & Wells, P.A.

New Registered Office Address:

901 Ponce de Leon Blvd., Suite 200

*Enter Florida street address*

Coral Gables

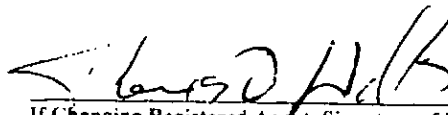
*City*

Florida

33134

**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>
MGRM	Icebox Cafe, L.C.	1855 Purdy Avenue	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Icebox Pantry, LLC	901 Ponce de Leon Blvd., Ste 200	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JAN 2018 PM 2:49  
 FILED  
 CLERK OF DISTRICT COURT  
 MIAMI, FLORIDA

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

Lined area for amending information.

FILED  
18 JAN 24 PM 2:49  
TALLAHASSEE, FLORIDA

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

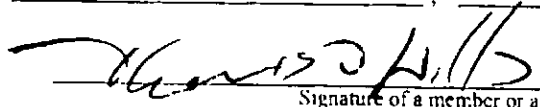
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 24, 2018



Signature of a member or authorized representative of a member

Thomas O. Wells, authorized representative

Typed or printed name of signee