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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 22 2018

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: F	CEBLOCK LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christoph	Ner A. Behnam Name of Person	
	Fa	ICEBLOCK LLC Firm/Company	
		Address	02
	Jackson	City/State and Zip Code LLC @ G. mail. Co to be used for future annual report notific	6
	Faceblock E-mail address: (1	LLC @ Gmail. Co	eation)
For further information ed	oncerning this matter, please ca		cation,
Chris Behnam Name of Person		at (904) 509 Area Code Daytime	-770 Telephone Number
Enclosed is a check for th	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, Ft. 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

FACEBLOCK LL	
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L15000130341</u>	Company were filed on $01/18/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7651 Gate PKWY Apt 2002 RESS) Jacksonville FL 32256
(Principal office address MUST BE A STREET ADDI	RESS) Jacksonville, FL 32256
Enter new mailing address, if applicable:	7651 Gate PKWY Apt 2002 Jacksonville, FL 32256
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32256
registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address: 76	51 Gate Pkwy Apt 2002 Enter Florida street address
	Enter Florida street address Jackson ville Florida 32256 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00