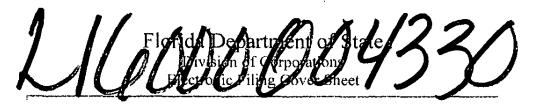
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 : (323)962-9600 Fhone Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCTIC CHILL, LLC

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## COVER LETTER

		COVEREETER	
TO: Registration Se Division of Cos			
ARCTIC	CHILL, LLC		
SUBJECT:	Name of Lim	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	Qt.
	101 N. Brand Blvd., 11t	th Floor	
		Address	
	Glendale, CA 91203		
	jarrod@nupathmed.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information of	concerning this matter, please o	ક્ષો:	
Imelda Vasquez		800 773-0888 ext. 9724	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Registr	ING ADDRESS:	STREET/COURIER ADDRESS:	
P.O. B	on of Corporations ox 6327	Clifton Building	* 3
Tallah	ansee, FL 32314	2661 Executive Center Circle Tallahassec, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 01/06/2016  Torida document number L16000004330  This amendment is submitted to amend the following:  Lif amending name, enter the new name of the limited liability company here:  Kellbee LLC	and assig	
lorida document number L16000004330  This amendment is submitted to amend the following:  L If amending name, enter the new name of the limited liability company here:  Kellbee LLC		
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here: Kellbee LLC	" or the abbreviation "L.L	C."
. If amending name, enter the new name of the limited fiability company here: Kelibee LLC	" or the abbreviation "L.L	C."
Kelibee LLC	" or the abbreviation "L.L	C.?"
	" or the abbreviation "L.L	C."
	" or the abbreviation "L.L	C."
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC"		
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
n		
. If amending the registered agent and/or registered office address on our records,		the ne
existered agent und/or the new registered office address here:		
	<b>温温</b>	
Name of New Registered Agent:	<u> </u>	***************************************
Many Devices and CON and Address	SSS SS	i Listerians
New Registered Office Address:  Enter Florida street ackings		1
	-¬~ >	gravenia.
	ida	<u> </u>
City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:	2 2 E	
hereby accept the appointment as registered agent and agree to act in this capacity. I furth	her agree to comply	with th
rovisions of all statutes relative to the proper and complete performance of my duties, and		
ccept the obligations of my position as registered agent as provided for in Chapter 605, F.		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

\_\_\_\_ C Remove

If amending <u>Authorized N</u>	the Managers or Authorized Member on our records, enter the title, pame, and address of ench Manager or Member being added or removed from our records:		
MGR = Ma AMBR = Au	nnager athorized: Member		
<u>Title</u>	Name	Address	Type of Action
		***	□ ∧₀⊲
			□ Remove
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		SECRETARY E ALLAHASSEE	2
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Page 2 of 3

ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be a date this document is filed by the Florida Department of State)	optional) ore than 90 days after
05/25/2016	
Signature of a member or authorized representative of	a member
Michael Jarrod Lackey	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA