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COVER LETTER

Registration Section TO: **Division of Corporations**

AAN LLC

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ronen Tish		
		Name of Person	
	Blue Ice Properties, LLC		
		Firm/Company	
	109 Pacer Circle		
		Address	
	Wellington, FL 33414		
	ronen@blueiceproperties.co	City/State and Zip Code m	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
Ronen Tish		561 568-6841	
Name o	f Person	at () 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 & 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AML. TO ARTICLES OF ORGANIZATION OF

AAN LLC

(Name of the Limited Liability Company as it now appears or

(A Florid	da Limited Lia	bility Compar	ny)	10200	
The Articles of Organization for this Limited Liability (•	ORID.	
The Articles of Organization for this Limited Liability (Company w	ere filed on			and assigned
Florida document number L16000066352	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited <u>liabili</u>	ty compan	<u>y here</u> :		
The new name must be distinguishable and contain the words "Lir	imited Liability	Company," t	he designati	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
				·	
B. If amending the registered agent and/or registered		dress on o	ır records	, <u>enter the na</u>	ime of the new registered
agent and/or the new registered office address here:	;				
Name of New Registered Agent:					
New Registered Office Address:					
		Enter	Florida stre	et address	
				, Florida	
		City		<u> </u>	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete pe agent as pro red office a	erformance ovided for	e of my di in Chapte	ities, and Lar er 605, F.S. C	n familiar with and Or, if this document is

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>	Type of Action
MGR	Yosseff Nedivi	1127 Royal Palm Beach Blvd #504, Royal Palm, Beach FL 33411	≣ Add
			□ Remove
MGR	Amir Nedivi	1127 Royal Palm Heach Blvd #504, Royal Palm, Beach FL 33411	□Change
			■Add
			□Remove
MCD	O M		🗆 Change
MGR	Orna Meir		□ Add
		1127 Royal Palm Beach Blvd #504, Royal Palm, Beach FL 33411	≡ Remove
			□Change
			□Add
			□Remove
			□ Change
	-		□Add
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Note: 1	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated _	6/27/23
	Signature of a member or authorized representative of a member