

L17000114231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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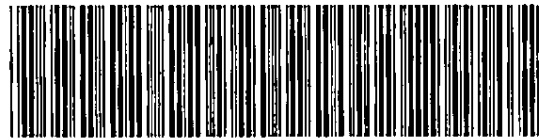
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 06 2017  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kai's Tropical Ice, 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:

Dale Higgs  
Name of Person  
Kai's Tropical Ice, LLC.  
Firm/Company  
3934 NW 88<sup>th</sup> Ter  
Address  
Coral Springs, FL 33065  
City/State and Zip Code  
KaistropicalIce@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Higgs at 954 687-6655  
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

Kai's Tropical Ice, LLC.

The Articles of Organization for this Limited Liability Company were filed on 5/23/17 and assigned Florida document number L17000114231.

Page 1 of 3

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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>                      |
|--------------|--------------------------|--|--|
| <u>AMBR</u>  | <u>Messalina Silvera</u> | <u>3934 NW 88<sup>th</sup> Ter</u><br><u>Coral Springs, FL 33065</u> | <input type="checkbox"/> Add               |
|              |                          |  | <input checked="" type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Change            |
| <u>AMBR</u>  | <u>Dale Higgs</u>        | <u>3934 NW 88<sup>th</sup> Ter</u><br><u>Coral Springs, FL 33065</u> | <input checked="" type="checkbox"/> Add    |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
|              |                          |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
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ALLAHABAD, FLORIDA

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ALLAHASSEE, FLORIDA  
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(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.

Dated August 29, 2017

Date 5 Aug 52

Dale Higgs

**Filing Fee: \$25.00**