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(R	equestor's Name)	
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: K	ai's Tropical Ic	e, UC.	
SUBJECT:	Name of Lin	nited 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:	
	Dale Higgs		
		Name of Person	
	Kai's Trop	Firm/Company	
		Firm/Company	
	3934 NW	88 in Ter	
		Address	· · · · · · · · · · · · · · · · · · ·
	Coral Sp	Orings, Fl 33065 City/State and Zip Code Calice & Gmail. Co	_
		City/State and Zip Code	
	Kaistropic	to be used for future annual report notif	0M
		·	ication)
	oncerning this matter, please control		
Dale 1	4.995	at (<u>954)</u> 687 - 6 Area Code Daytime	,655
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
MAII	ING ADDRESS:	STREET/COURT	FR 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

Kai's Tropical Ice, 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 Florida document number _ L1700011423 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address CuvNew 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 a side 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 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>	Name	Address	Type of Action
AMBR	Messalina Silvera	3934 NW 88th Ter Cural Springs, \$2 33065	
			Remove
			Change
AMBR_	Dale Higgs	3934 NW 88 th Ter Coral Springs, Fl 33065	
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
		-	🗅 Remove
			☐ Change
			Add
			Remove
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ffective date, if other than the date of filing:	_ (optional) ays after filing.) Pursuant to 605.020
<u>fote:</u> If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	nts, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 17. The 90th day after the record is filed.	2:01 a.m. on the earlier o
ated August 29 2017. Date Stages	
Dule SArger	
Signature of a member or authorized representative of a member Dale Higgs	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00