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SCORETARY OF STATE

D. BRUCE JUN 28 2017

COVER LETTER

TO:	Registration Sec Division of Corp				
oun m		ICE WORKS" LLC"	₹ %		
SUBJE	UI:	Name of Lin	nited Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspor	dence concerning this matter	to the following:		
		ROBERTO CASTELL			
		•	Name of Person		
	•		Firm/Company		
	,	296 NW 106 TER			
			Address		
		-	City/State and Zip Code		
		PEMBROKE PINES, FL	33026		
		E-mail address: (to be used for future annual report notific	cation)	
For furth	ner information co	ncerning this matter, please c	all:	آ ہے ∜⊲	7]
ROBER	TO CASTELL		305 910-4452 at ()	TAR ASS	
	Name of	Person .		SH W	I E D
Enclosed	l is a check for the	following amount:		60 S	
\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Co. (A Florida Limited Liability Co.)	ompany as it now appears or nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on <i>OL</i>	0/08/17	and assigned
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 desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		SECRETARY OF STARMAN O	28 TO TO TO THE NAME OF THE NEW
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	1
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ROBERTO CASTELL	296 NW 106 TERR	□ Add
		PEMBROKE PINES FL 33026	□ Remove
		· 	Change
MGR	RODOLFO VALDES	296 NW 106 TERR	D Add
,		PEMBROKE PINES FL 33026	Remove
			☐ Change
			Add '
			Remove
			☐ Change
	·		Add 2017 enun 2 mge P 29 55 RECRETAR P OF STATE ORIDA Remove
		<u></u>	□ Change
			□ Remove
		·	Change.

Effective date, if other than the date of filing: 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records. The 90th day after the record Is filed.	
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	.) Emsuant to 605.0: will not be listed
	on the earlier
ated 06/19/2017	
Late lell	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00