## 117000151600

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	<del></del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
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D. SCOTT JUL 2 5 2017

## **COVER LETTER**

Division of Co				
SUBJECT:	Freeze It	1LC		
30bJEC1.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	4/			
	MYRI	am I. Barrer	20	
	7re	Reeze It, LL	<u> </u>	
	9280	Sunset Drive	#102	
	Mi	City/State and Zip Code	173	
	myrian	a lasenjani	Spa. Com	_
	E-mail address: (	a Laserriam, to be used for future annual report not	ification)	
For further information	concerning this matter, please co	all:		
MyRian	I. Bassero	305, 270-	-3925	
Name	of Person	at ( <u>305</u> ) <u>270 -</u> Area Code Daytin	ne Telephone Number	Reservation to Page
Enclosed is a check for t	-		<b>-</b>	型的 🗂
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	Of Straus & T
				TSI P
Regist Divisi	ING ADDRESS: ration Section on of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on	MIE DRIDA

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freeze It L	LC
FREEZE It La (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	N/A
(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.	
registered agent and/or the new registered office address here:	:
Name of New Registered Agent: W/A	TALL TO THE TOTAL THE TOTAL TO THE TOTAL TOT
New Registered Office Address:	Enter Florida street address
	بة Florida بي Florida بي City Zip Code بي
New Registered Agent's Signature, if changing Registered Agent:	10 miles 10
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

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, <u>Signature of New Registered Agent</u>

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	
MBR	MORaima avila	9280 Sunset Drive, Svita102 Add Miani, FL 33173 **Remove		
		Miani, FL 33173	<del>X</del> Remove	
			☐ Change	
			Add	
			□ Remove	
			☐ Change	
			Remove	
			Change	
			□ Add	
			Remove	
			Change	
			O Add	
			20change 20change 3417	
			Remove	
			Change	

	N/A
·oc	tive date, if other than the date of filing: $\frac{7/14/2017}{2017}$ (optional)
n ci	ffective 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 605.0.
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
CII	tient's effective date of the Department of State's records.
	الجيسة
re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.mon/the darlier
១	e 90th day after the record is filed.
tec	July 17 . 2017.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Myriam I. Barrero Typed or printed name of signee

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Filing Fee: \$25.00