Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000291297 3)))



H190002912973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAFE ICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T GLASS

SCT 0 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE 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 December 8, 2017 and assigned

Florida decument number . L17000252083

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 Compani	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2119 S
Enter new mailing address, if applicable	-
(Mailing oddress MAY BE A POST OFFICE BOX)	0 (1)
B. If amending the registered agent and/or registered office address on our agent and/or the naw registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address;	Enter Florida street address
•	Enter Provide River address

New Registered Agent's Signature, if changing Registered Agent:

I hereby occept the appointment as registered ag ent 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.

City

Zip Code

C. If amending Authorized Person(s) authorized to manage, enter the title, <u>name</u>, and <u>address of each person being</u> <u>added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CARLOS REINA	1017 HIALEAH DR	o Add
		HIALEAH, FLORIDA 33010	• Remove
			o Change
			o Add
			. o Remove
			o-Change
			o Add ယ္ o Remove
			o Change
			 26 • Add
			o Remove
			o Change
			o Add
			_ o Remove
			o Change
			o Add
			o Remove
			o Change

TOP AND ENGLISHED.	
D. If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
	201
	2
E. Effective date, if other than the date of filing:	(notional) \(\omega = \frac{1}{2} \cdot \).
(if an elective date is listed, the date quist be specific and cannot be prior to date of filing or n to 605.0207 (3)(b)	nore than 90 days after filing.) Porsusat
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this data will not be fished as the
	သ <u>ှ</u> သ
•	6
f the record specifies a delayed effective date, but not an effective time, a b) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated 9/30/19	
1011	
- State	
Signature of a method or authorized representative of a member	
YANEXIS PUGA ESPINOSA	
Typed or printed name of signee	