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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT: The enclosed			ited Liability Company	
			ited Liability Company	
The enclosed		Amendment and fee(s) are sub		
	all correspor			
Please return		idence concerning this matter	to the following:	
		Blair Greenlaw		
			Name of Person	
			Firm/Company	
		3364 Lighthouse Point Lar	l¢	
			Address	
		Jacksonville Beach, FL 32	250	
		boardandbloom@gmail.con	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	ication)
For further is	nformation co	ncerning this matter, please co	ıll:	
Blair Greenl	aw		9()4 631-2723 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Hanks Ice House, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ampany as it now appears on our records.) med Liability Company)	
The Articles of Organization for this Limited Liability Comforda document number $\frac{1.18000263102}{1.18000263102}$.	pany were filed on November 9, 2018	and assigned
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	• • • • • • • • • • • • • • • • • • • •	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u> </u>
		第夏加
Inter new mailing address, if applicable:		TI TI
		5
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
N 15		5. 5 in the 5
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		er the name of the
		
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Ftorida	
	City	Zip Code

New 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jaimee Greenlaw	3364 Lighthouse Point Lane, Jacksonville Beach, FL 32250	
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ctive date, if other than the effective date is listed, the date mus	date of filing:			(optional)		
\pm 4) the date inserted in this blo	ock does not meet the	applicable stat	filing or more than surrory filing require	00 days after filing.) Pr ments, this date wil	irsuant to I not be	5 605.0 Histoc
ment's effective date on the De	partment of State's re	cords.				
ecord specifies a delayed	effective date the	ut not an ef	fective time ===	: 12·01 a.m. oo	the e	arlier
e 90th day after the reco		at not an er	receive time, at	. 12.01 0 0		J. 11C1
November 19	2018					
November 19	· ===	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00