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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		·	ř
SUBJECT:	2 Sisters LL Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DERIK S. FA	Name of Person	
	JOF Hold	Firm/Company	
		lle Mer de M	
	FAT M Lay (City/Stale and Zip Code City/Stale and Zip Code City/Stale and Zip Code o be used for future annual report notifie	cation)
For further information co	oncerning this matter, please ca	•	
OERIK 5. Name o	FA~(at (Z3¶) Z£Z Area Code Daytime	7846 Telephone Number
Enclosed is a check for the	e 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)

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

Ice Sister	LLC		
(Name of the Limited Dia (A Flo	ability Company as it now appears orda Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit		En . 2019	and assigned
This amendment is submitted to amend the following	<u>;</u> ;		
A. If amending name, enter the new name of the	limited liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," the des	ignation "LLC" or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter th</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
_	City	Florida	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBL	Isabella Fay	8581 Belle Mende In	□ Add
		8581 Belle Mende M Fort Myror, FL, 33908	Remove
			Change
AMBA	Sophia Fay	8581 Belle Meate Mr.	
	V	8581 Belle Meate Mr. FORT MYRI FC 33908	Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			Remove
			Change
			🗆 Add
		- ·	Remove
			Change
			Remove
			□ Change

		
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Note:	tive date, if other than the date of filing: (optional) frective 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 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	(3)(the
(b) Th	ecord specifies a delayed effective pate but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	•
	1	
Dated	Signature of the number of authorized representative of a member	

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Filing Fee: \$25.00