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e, LLC					
Name of Lim	ited Liability Company				
Amendment and fee(s) are sub	mitted for filing.				
idence concerning this matter	to the following:				
Marci A. Rubin, Esq.					
	Name of Person				
Marci A. Rubin, Attorney	at Law, P.A.				
	Firm/Company				
8930 W State Road 84, #1	27				
	Address				
Davie, FL 33324					
	City/State and Zip Code				
	to be used for future annual re	mort notification)		1.50	
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□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer sed) Cer	tificate of Status & tified Copy		
	Name of Lim Amendment and fee(s) are subsidence concerning this matter Marci A. Rubin, Esq. Marci A. Rubin, Attorney 8930 W State Road 84, #1 Davie, FL 33324 marcirubinpa@gmail.com E-mail address: (ncerning this matter, please concerning this matter) Person	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Marci A. Rubin, Esq. Name of Person Marci A. Rubin, Attorney at Law, P.A. Firm/Company 8930 W State Road 84, #127 Address Davie, FL 33324 City/State and Zip Code marcirubinpa@gmail.com E-mail address: (to be used for future annual resonancerning this matter, please call: at (Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Marci A. Rubin, Esq. Name of Person Marci A. Rubin, Attorney at Law, P.A. Firm/Company 8930 W State Road 84, #127 Address Davie, FL 33324 City/State and Zip Code marcirubinpa@gmail.com E-mail address: (to be used for future annual report notification) neeming this matter, please call: Person at (Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Marci A. Rubin, Esq. Name of Person Marci A. Rubin, Attorney at Law, P.A. Firm/Company 8930 W State Road 84, #127 Address Davie, Fl. 33324 City/State and Zip Code marcirubinpa@gmail.com E-mail address: (to be used for future annual report notification) neeming this matter, please call: Person at () 296-9025 Area Code Daytime Telephone Number cfollowing amount: \$\Begin{array} \text{\$\$ \$55.00 \text{ Filing Fee} & \$\Begin{array}{c} \text{\$\$ \$60.00 \text{ Filing Fee}. \text{\$\$ \$Certificate of Status} & \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Marci A. Rubin, Esq. Name of Person Marci A. Rubin, Attorney at Law, P.A. Firm/Company 8930 W State Road 84, #127 Address Davie, FL 33324 City/State and Zip Code marcirubinpa@gmail.com E-mail address: (to be used for future annual report notification) neeming this matter, please call: 954 296-9025 Area Code Daytime Telephone Number 1 S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy (certified Copy (certified Copy (certified Copy (certified Copy)

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

Peninsula Ice, LLC		
(Name of the Limited L (A F	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number 1.19000032741	ity Company were filed on 01/31/2019	and assigned
Plorida document number	 '	
This amendment is submitted to amend the following	g:	
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 designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		10 DE
Enter new mailing address, if applicable:		4 6
•		<u> </u>
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		2
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	dress
_	,	Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi.	nd complete performance of my duties, ed agent as provided for in Chapter 66	, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Frozen Fun, LLC	PO Box 6744, Delray Beach, Ft. 33482	■ Add
			☐ Remove
			☐ Change
Butters Acquisitio	Butters Acquisitions, LLC	6820 Lyons Technology Circle, #100, Coconut Creek, FL 33073	B Add
			☐ Remove
			Change
MGR	Jacob Dinov	PO Box 6744, Delray Beach, FL 33482	Add
			■ Remove
			Change
MGR	Hal Jacovitz	PO Boc 6744, Delray Beach, FL 33482	
			■ Remove
			Change
			Add
			Remove
		-	Change
			Add
			□ Remove
			_ Change

·. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	March 19 . 2018.
	Signature of automber or authorized representative of a member
	Tacob Dinov Typed or printed name of signee

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