L19000032741

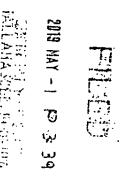
(Re	questor's Name)	
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HAY 1 / 29/3 T. LEMEUX

COVER LETTER

Division of Corporations
SUBJECT: Peninsyla Ice LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacob Dinov Name of Person
Name of Person
Peninsula Ice, LLC Firm/Company
PO Box 6744
Address
De Iray Beach FL 33482 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacob Dina 11(561) 779-1285
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peninsula Ic	e, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	r records)
The Articles of Organization for this Limited Liability Companies Florida document number <u>L1900032741</u> .	y were filed on _O//	31/2019 and assigned :
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited lia	bility company here:	·
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 of registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my du provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Butters Acquisitions, uc	6820 yours Tech Cir Coconut Creek	FC 33073
			Remove
			□ Change
			Add
			Remove
			Change
			D Add
			Remove
			🗖 Change
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(If an effective Note: If the	edate is listed, the de edate inserted in	an the date of filing ate must be specific and this block does not m the Department of St	cannot be prior to date neet the applicable sta	of filing or more than 90		to 605.0207 (3 be listed as th
		elayed effective do e record is filed.	ate, but not an ϵ	effective time, at	12:01 a.m. on the (earlier of:
Dated 4	/26/20	<u>19 </u>				
•						
-		Signature of a n	nember or authorized ro	presentative of a memb	er	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00