

L19 0000032741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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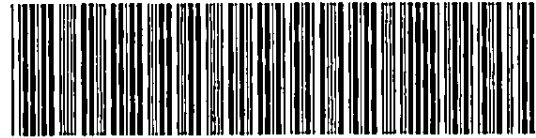
(Business Entity Name)

(Document Number)

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2019 SEP -3 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FL

SEP 13 2019
C KIRK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENINSULA 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:

HAL JACOVITZ
Name of Person

FROZEN FUN LLC
Firm Company

8187 LAWSON BRIDGE LANE
Address

DELRAY BEACH FL 33446
City, State and Zip Code

HPJACOVITZ@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAL JACOVITZ at (561) 306 7571
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PENINSULA 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 1/31/2019 and assigned
Florida document number L19000032741

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 Company," the designation "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)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
MGR	FROZEN FUN LLC	8187 LAWSON BRIDGE LANE	<input checked="" type="checkbox"/> Add
		DE/RAY BEACH FL 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STJ LLC	8187 LAWSON BRIDGE LANE	<input type="checkbox"/> Add
		DE/RAY Bch FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JISS LLC	P.O. Box 6744	<input type="checkbox"/> Add
		DE/RAY BEACH FL	<input checked="" type="checkbox"/> Remove
		33482	<input type="checkbox"/> Change
MGR	JISS ENTERTAINMENT LLC	P.O. Box 6744	<input type="checkbox"/> Add
		DE/RAY BEACH FL	<input checked="" type="checkbox"/> Remove
		33482	<input type="checkbox"/> Change
MGR	HPWESBELLE LLC	8187 LAWSON BRIDGE LANE	<input type="checkbox"/> Add
		DE/RAY BEACH FL	<input checked="" type="checkbox"/> Remove
		33482	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/30/19


Signature of a member or authorized representative of a member

HAL JACOVITZ
Typed or printed name of signee