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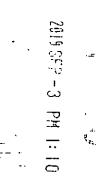
| (Re | equestor's Name) | · . |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration S Division of Co | | | |
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| | Tappen le | e | | |
| SUBJI | ECT: | | | |
| | | Name of Lir | nited Liability Company | |
| | | | | |
| The en | closed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Martha Brown-Gallagher | | |
| | | | Name of Person | |
| | | Tappen Ice | | |
| | | | Firm/Company | |
| | | 3227 FAIRHAVEN AVE | NUE | |
| | | | Address | |
| | | Kissimmee, FL 34746 | | |
| | | mbrowngallagher@gmail. | City/State and Zip Code | |
| | | • | to be used for future annual report notifi | ication |
| For fur | ther information c | oncerning this matter, please c | • | (Catton) |
| | a Brown Gallaghe | | 754 244-7750 | |
| | | | | |
| - | Name o | f Person | Area Code Daytime | Telephone Number |
| | | | | |
| Enclose | ed is a check for th | ne following amount: | | |
| ■ \$ 25 | 5.00 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



| Tappen Ice | | 2019 SEP - 3 PM 1: 1U |
|---|---|--------------------------------|
| (Name of the L | imited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) |
| ne Articles of Organization for this Limited Drida document number | d Liability Company were filed on 4/17/19 | and assigned |
| is amendment is submitted to amend the | following: | |
| If amending name, enter the new nam | e of the limited liability company here: | |
| nter new principal offices address, if apprincipal office address MUST BE A STR | EET ADDRESS) | |
| nter new mailing address, if applicable: | | |
| lailing address MAY BE A POST OFFIC | <u></u> | |
| If amending the registered agent a gistered agent and/or the new registered | nd/or registered office address on our loffice address here: | records, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida sti | reet address |
| | | . Florida |

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.

Cinv

Zip Code

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 |
|--------------|--------------|--|----------------|
| AMBR | Scotty Green | 3227 FAIRHAVEN AVENUE Kissimmee, FL 34746 | Add |
| | | | ■ Remove |
| | | | Change |
| | | | |
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| Effective date, if other than the date of filing: I am effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after thing.) Pursuant to 6054. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. August 29 2019 August 29 2019 August 29 2019 August 29 2019 August 29 3019 August 29 3020 August 29 3030 August 29 3030 3040 August 29 3050 | e 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 be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. gust 29 2019 Whathar Brown - Halla Sher | | | | | _ _ | | |
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Filing Fee: \$25.00