

6/5/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Phone : (614)280-3338  
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Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TAVARES PROPERTY HOLDINGS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 04      |
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Electronic Filing Menu

Corporate Filing Menu

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JUN 08 2020

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tavares Property Holdings, 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 June 10, 2019. and assigned  
Florida document number L19000153146

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ice Box Properties, LLC

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)

200 County Road 448

Tavares, FL 32778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 County Road 448

Tavares, FL 32778

**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:

CT Corporation System

New Registered Office Address:

1200 S. Pine Island Road

*Enter Florida street address*

Plantation

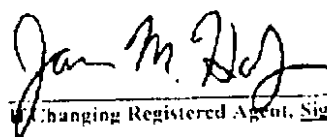
City

Florida 33324

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.*



**James M. Halpin**  
Assistant Secretary

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          | Adam H. Cyrus    | 9350 Conroy Windermere Road | <input type="checkbox"/> Add               |
|              |                  | Windermere, FL 34786        | <input checked="" type="checkbox"/> Remove |
|              |                  |                             | <input type="checkbox"/> Change            |
| MGR          | Thomas B. Youth  | 9350 Conroy Windermere Road | <input type="checkbox"/> Add               |
|              |                  | Windermere, FL 34786        | <input checked="" type="checkbox"/> Remove |
|              |                  |                             | <input type="checkbox"/> Change            |
| P/AP         | Jeffrey R. Field | 200 County Road 448         | <input checked="" type="checkbox"/> Add    |
|              |                  | Tavares, FL 32778           | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |
|              |                  |                             | <input type="checkbox"/> Add               |
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|              |                  |                             | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Conclusion  
 6. References  
 7. Appendix  
 8. Index  
 9. Glossary  
 10. Summary  
 11. Abstract  
 12. Keywords  
 13. Subject  
 14. Topic  
 15. Field  
 16. Area  
 17. Discipline  
 18. Branch  
 19. Department  
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 21. Section  
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 26. Institution  
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 4th, 2020

  
Signature of a member or authorized representative of \_\_\_\_\_

Signature of a member or authorized representative of a member

Jeffrey R. Field

Typed or printed name of signee