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09/15/23--01024--007 **25.00



J 1112/2022

COVER LETTER

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	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Kenneth B. Kirkpatrick		
		Name of Person	
		Firm/Company	
	PO Box 2495		
		Address	
	Ocala, FL 34478		
	Name of Person		
	-		
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	all:	
Kenneth B. Kirkpatric	k	at ()	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of	n Section Corporations	Registration Se Division of Co	rporations
	e, FL 32314		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iServ Ice, LLC	2023 HAY 15 ДН 7: 14
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
he Articles of Organization for this Limited Lia	ibility Company were filed on 02/07/2020 and assigned
	· · · · · · · · · · · · · · · · · · ·
orida document number L20000044860	 .
his amendment is submitted to amend the follow	wing:
. If amending name, enter the new name of t	the limited liability company here:
-	
te new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
e new manie mass or thomas and a second	, , , -
nter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	(ADDRESS)
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE B	<u></u>
If amonding the registered agent and/or re-	gistered office address on our records, enter the name of the new registe
ent and/or the new registered office address	
Cit unidy of the new control	
Name of New Registered Agent:	
New Registered Office Address:	
How Registered Office Head Com.	Enter Florida street address
	Pladd.
	, 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.

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	Brandon Kyle Dixon	PO Box 2495 Ocala, FL 34478	■Add
			□Remove
			Change
			□Add
			Remove
			Change
			
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□ Changa

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Effec	ctive date, if oth	ier than the date of	f filing:		(optional)	
fan e	effective date is liste	d, the date must be spec	rific and cannot be p	rior to date of filing	or more than 90 days	after filing.) Pursuant to , this date will not be	605.0207 listed as t
<u>Note</u> docu	:: If the date inserting the control of the control	late on the Departme	int of State's reco	rds.	ming requirements	, this time with not be	msied ac
e rece	ord specifies a del	layed effective date, b	out not an effectiv	ve time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day	after the
	filed.	•					
			3033				
Date	d <u>May 9</u>		, 2023	/			
		-1/ 1	1/1/	, -			
		Im In	mous	uthorized represent			_

Typed or printed name of signee