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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	reeze A M	ile LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- 0		
	Cafid		
		Name of Person	
		E: - (2	
		Firm/Company	
	19600	NE 13, C+	
		Address	
	H;	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
0.0.	9.)		.7.00
<u>Catidio</u>	of Person		- 1799 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Preeze A Mu	s ur	2020,
(Name of the Limited Li (A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L200011845</u>		/2020 and assigned
This amendment is submitted to amend the following	g:	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	<u>~/A</u>	
Enter new mailing address, if applicable:	 , , .	
B. If amending the registered agent and/or regist	ered office address on our records,	enter the name of the new registered
agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street	address
· .—	City	, Florida
	Cuy	λφ 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>	Name .	Address	Type of Action
AHBR	STEVEN ALCINE	19600 NE 184 CH	<u>√</u> Add
	,	19600 NE 184 CH MIAMI, FL 33179	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
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. —		
If an effect Note: If	te date, if other than the date of filing: tive date is listed, the date must be specific and cannot be if the date inserted in this block does not meet the apart's effective date on the Department of State's reco	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 pplicable statutory filing requirements, this date will not be listed as cords.
e record s rd is filed		ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 31 , 20;	20 - A

Typed or printed name of signee