121000148071

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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June 16, 2021

JUSTIN MOHR 10419 SPARROW LANDING WAY ORLANDO, FL 32832

SUBJECT: NONA ICE LLC Ref. Number: L21000148071

We have received your document for NONA ICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY AMENDMENT, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 321A00013481

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: NONA ICE LL | C. | | | | |
| | f Limited Enability Company | | | | |
| | | | | | |
| The enclosed Articles of Amendment and fee(s) are | e submitted for filing. | | | | |
| Please return all correspondence concerning this m | atter to the following: | | | | |
| JUSTIN | 1 MOHR | | | | |
| | Name of Person | | | | |
| Nona | ICE LLC | | | | |
| | Firm/Company | | | | |
| 10419 5 | PARROW LANDING WAY | | | | |
| | Address | | | | |
| DRLAN | DO, FL 32832 City/State and Zip Code | | | | |
| | | | | | |
| Justin - mov | or 123@gmail. Com | | | | |
| For further information concerning this matter, plea | ase call. | | | | |
| JUSTAN MOHR | 21,864, 295-0462 | | | | |
| Name of Person | at (864) 395 - 0462 Area Code Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of State | | | | | |
| (Previously submitted. See 1 | Letter No. 321A00013481) | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |
| rananassee, 1 L 32314 | Tallahassee, F1, 32303 | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | CE LLC | |
|--|---|---|
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number <u>しる1000148071</u> | Company were filed on 3 30 2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| NONA SNOW LLC | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "ELC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | 11.017.417.417.417.417 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the na</u> | me of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida, | Zin Code |
| Name Danistana di Amaraka Ciamatana if akanasina Danistana | | Zip Code |
| New Registered Agent's Signature, if changing Registere | | <u>დ</u> |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | complete performance of my duties, and I an agent as provided for in Chapter 605, F.S. O ed office address, I hereby confirm that the | n familiar with and r, if this document is |
| | | |

It 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ _ (optional) (If an effective 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 (3)(b) 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 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. JULY 2021 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee