

121000202579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 FEB 25 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FL

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MAR - 1 2022



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 FEB 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FL

February 4, 2022

FERNANDA SPANNER
816 SE 9TH ST, 2ND FL
STE G
DEERFIELD BCH, FL 33441

SUBJECT: ICEDBOSS LLC
Ref. Number: L21000202579

We have received your document for ICEDBOSS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P06000149852.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 522A00002802

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICEDBOSS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDA SPANNER

Name of Person

SPANNER CONSULTING LLC

Firm/Company

2219 49TH ST 2F

Address

ASTORIA, NY 11105

City/State and Zip Code

fernanda@fspanner.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernanda Spanner

347 744-1324

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ICEDBOSS LLC

2022 FEB 25 AM 8:33

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/30/2021 and assigned
Florida document number L21000202579.

This amendment is submitted to amend the following:

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

JL PRO FLOORING SERVICES 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

FERNANDA SPANNER

New Registered Office Address:

816 SE 9TH ST 2F STE G

Enter Florida street address

DEERFIELD BEACH

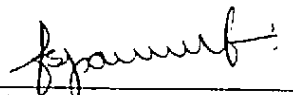
City

Florida 33441

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.



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

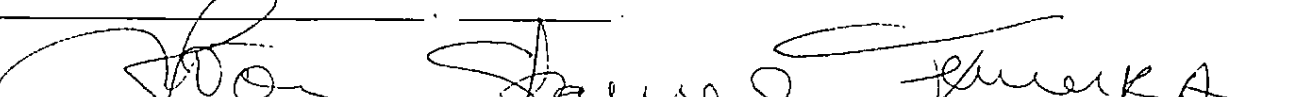
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUCAS H. OLIVEIRA SILVA	6860 TOWNHARBOUR BLVD, APT 3215	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTOR L. DE OLIVEIRA E SIL	22325 SW 66TH AVE APT 2408	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

FEBRUARY 2022


Signature of a member or authorized representative of a member

JOAO SPANNER VASCONCELLOS FERREIRA
Typed or printed name of signee