Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ₹

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIP RENTAL SERVICE LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP Rental Service LLC	•
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on 06/01/202 Florida document number L21000253820	1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BLUE MAMMOTH ICE LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	LC" 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, ente	er the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	202
Enter Florida street addr	en I
. 1	Florida
City	Zip Codes [-
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 t

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
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Note: If	date, if other than the date of filing:	:07 (3 as th
ne record s ord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ıc
Dated	02/07 , 2023 .	
	102/07	
	Signature of a member or authorized representative of a member	
	Nat Smith	
	Typed or printed name of signee	

Filing Fee: \$25.00