LZI 000269330

(R	equestor's Name)			
(A	ddress)			
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PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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563 No. CO TAIN 505

COVER LETTER

TO: Registration Solution of Con			
	al Cold Treats, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joel Pacheco		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	International Cold Treats,	LLC	5
		Firm/Company	
	20805 Quinlan St		
		Address	"(. ₇
	Orlanod, Florida 32833		
		City/State and Zip Code	
	luyjoal@gmail.com E-mail address: (to be used for future annual report notification	on)
For further information of	concerning this matter, please ca	ail:	
Joel	ACHECO of Person	at (407) 483 Area Code Daytime Tele	phone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	1
Division of C		Division of Corpora	
P.O. Box 632	27	The Centre of Tallal	hassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our re liability Company)	cords.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on 06/09/2021		_ and as	signed
Florida document number L21000269330	·				
his amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and contain the wo	rds "Limited Liabi	ity Company." the designation "	LI.C" or the abbre	viation "I	L.C."
Enter new principal offices address, if applica	ble:	923 Halifax Dr		507	
inter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADDRESS</i>		Kissimmee, Florida 34758	· · · · · · · · · · · · · · · · · · ·	(=	:1
	.		·	.55	1
			11.	. J	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		#*************************************	•	<u> </u>	(
		923 Halifax Dr	•	~	
		Kissimmee, FL. 34758	•		
B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	-		iter the name (of the ne	ew regis
Marie of thew registered Agent.					
New Registered Office Address:	923 Halifax Dr	Enter Florida street ac	ldress		
	Kissimmee		, Florida ³⁴⁷⁵⁸	}	
		City	, FIORIGH	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>	Address	Type of Action
AMBR	Joel Pacheco	20805 Quinlan St	
		Orlando, Florida 32833	≣Remove
			Change
AMBR	Edgar Morales Martinez	923 Halifax Dr	■Add
		Kissimmee, Florida 34758	□ Remove
			Change
		<u></u>	NE∃Add
			Remove
		- -	☐ Change
			DAdd
			□Remove
			□Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

E. Effective date, if other than the date of filing: (optional) (If an 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)(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. Dated Dated Suphtium of a member or authorized representative of a member					
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\wedge \wedge \wedge	July 12	2022			
	Dateu		 '		

Typed or printed name of signee