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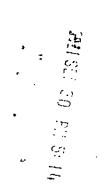
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COVER LETTER

TO: Registration S Division of Co			
	YN ICY, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Denise Kessler		
		Name of Person	
	Brooklyn Icy, LLC		
		Firm/Company	
	66 WEST FLAGLER STR	EETSUITE 900	
	·	Address	1
	MIAMI, FL 33130		
		City/State and Zip Code	
	admin@brooklynicy.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Denise Kessler		786 717-3943	
Name	of Person	at ()	: Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKLYNICY, LLC

90 NO 5: 14

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/20/2021 _____ and assigned Florida document number <u>L21000415031</u> This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address City

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 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 20 0 00 PM 5	Type of Action
MGR	KESSLER, DENISE	66 W FLAGLER ST. STE 900	□Add
		STE 900	□Remove
		MIAMI, FL 33130	■ Change
			□ Remove
			□ Change
		-	□Remove
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	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 s not meet the applicable statutory filing requirements, this date will not be lis	
cord specifies a delayed effective date, but silved.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er th
September 29th	. 2021	
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