

L21000485313

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2024 SEP 10 PM 2:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN ICE DISTRIBUTOR 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:

JULIAN J GONZALEZ OLIVARES

Name of Person

Julian Gonzalez

Firm/Company

5572 NW 114TH AVE UNIT 107

Address

DORAL, FL 33178

City/State and Zip Code

TITOJOSEOLIVARESponce@gmail.com

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

For further information concerning this matter, please call:

JULIAN J GONZALEZ OLIVARES

305 721-5052
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

2024 SEP 10 PM 2:31

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

CARIBBEAN ICE DISTRIBUTOR LLC

(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 FLORIDA 08/29/2024 and assigned
Florida document number L21000485313.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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.

Julian Gonzalez
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>
AMBR	TITO OLIVARES PONCE	7987 NW 7 ST UNIT D 1	<input checked="" type="checkbox"/> Add
		MIAMI,FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIAN J GONZALEZ OLIVARE	5572 NW 114TH AVE UNIT 107	<input checked="" type="checkbox"/> Add
		DORAL,FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TITO U GONZALEZ OLIVARES	5572 NW 114TH AVE UNIT 107	<input type="checkbox"/> Add
		DORAL,FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BLANCA TRELLES DENIZ	7987 NW 7 ST UNIT D 1	<input type="checkbox"/> Add
		MIAMI,FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

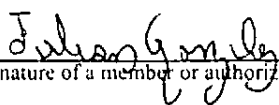
E. Effective date, if other than the date of filing: 08/29/2024 (optional)

(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.

Dated AUGUST 29, 2024


Signature of a member or authorized representative of a member

JULIAN J GONZALEZ OLIVARES

Typed or printed name of signee

2024 SEP 10 11:23:31
CLERK OF SUPERIOR COURT
STATE OF NEW YORK