Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

 Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAISER ICE FREIGHTLINERS LLC

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

Kaiser Ice Freightliners LLC			
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 03/07/2022	a	ınd assigned
Florida document number L22000094751			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbrevia:	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	9	_	
		•	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
·			·
3. If amending the registered agent and/or registered offi	ce address on our records, enter the na	ame of t	
gent and/or the new registered office address here:		-	2022 HA
			2世
Name of New Registered Agent:		<u> </u>	_== ;
New Registered Office Address:		, ⁷	6 E
	Enter Florida street address		A D
<u> </u>	, Florida	. ; .	ي وي
	City	Zip	Coce

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

Title	Name	Address	Type of Action
Member	Brittany Grant	8650 HAVERHILL ST	≣ Add
		JACKSONVILLE, FL 32211	□Remove
			Change
			□Add
			□Remove
			☐ Change
			
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Effective date, if other than the (If an effective date is listed, the date on Nate: If the date inserted in this b document's effective date on the I	lock does not muci the i	opplicable datulary ((option ir many than 90 days after t fling requirements, this	181) Bing.) Purment to 605.0207 date will not be listed as
he record specifies a delayed effects ord is filed.	ve date, but not an effec	tive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
Dated May 19th	. 202	2		
		\mathcal{T}_{α}	mil bing	
	Signature of a member of	e supported represent	Her of & medice	

Filing Fee: \$25.00