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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

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

: (561)214-8442

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KAISER ICE FREIGHTLINERS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaiser Ice Freightliners LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/07/2022	and assigned
Florida document number L22000094751		
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 L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		,
B. If amending the registered agent and/or registered offi	ice address on our records, enter the n	ame of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		2022 HA
New Registered Office Address:		72 T. H.
	Enter Florida street address	ROV NO M
	Florida	Zip Edde
vew Registered Agent's Signature, if changing Registered Age	eot:	03

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	Name	Address	Type of Action
Member	Phillip Neves	8650 HAVERHILL ST	\ \ \ Add
		JACKSONVILLE, FL 32211	
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