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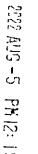
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations				
	ICE LLC	·	•		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.			
	spondence concerning this matter				
	James Gongola				
	·	Name of Person			
	Pirate Ice				
		Firm/Company			
	16825 Sunrise Vista Drive			2022 SEC	
		Address		SECPETA SECPETA	
	Clermont, FL 34714				
	jgongola@gmail.com	Corstair Corstair			
For further informatio	n concerning this matter, please c	-		(111 CF)	
James Gongola		805 2451823 at ()			
Nan	ne of Person		e Telephone Number		
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Add Registration Division o P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIRATE ICE LLC		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liab Florida document number <u>L22000113721</u>	oility Company were filed on 03/07/2022	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	
Enter new principal offices address, if applicab	le:	AUG AUG
Principal office address MUST BE A STREET.	ADDRESS)	3 - S
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u> </u>	PHI2: 15
3. If amending the registered agent and/or regigent and/or the new registered office address because of New Registered Agent:		the name of the new register
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	
	. FI	orida
	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.

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	James T Gongola	16825 Sunrise Vista Drive	□Add
		Clermont, FL 34714	□Remove
			≡ Change
AMBR	Thomas P Gongola	215 Big Water Drive	= Add
		Vonore, TN 37885	□Remove
			NAL SE □CBange
			
			To Dremovel
			□Change
			□Add
			□Remove
			□ Change
			□Add
		 	□ Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change

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(If an eff <u>Note:</u>	ve date, if other tha ective date is listed, the da If the date inserted in t ent's effective date on	ite must be specific a this block does not	nd cannot be prior meet the applic	able statutory filii	nore than 90 days aft	tional) ter filing.) Pursuar his date will not	nt to 605.0207 (be listed as t
docum		layed effective	date, but no		time, at 12:01	a.m. on the	earlier of:
:he rec	ord specifies a del		1.				
the rec	ord specifies a del 90th day after the	e record is filed					
the red	90th day after the	\circ		·_ ·			
the red	90th day after the	2 Gma	2022	crized representative	e of a member		