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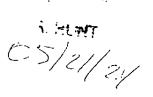
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Division of C			
Down &	Ice LLC		
SUBJECT:	Name of Lir	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kimberly Sheffield		
	_	Name of Person	
	Down & Out Ice LLC		
	<del> </del>	Firm/Company	<del></del>
	3642 Bagwell Rd		
		Address	<del> </del>
	Pace. FL 32571		
		City/State and Zip Code	
	KimberlysCreations26@gr		- •
	E-mail address: (	to be used for future annual report notifica	
For further information	concerning this matter, please c	all:	, <del>42</del> -
Kimberly Sheffield		850 450-9554	
Nam	e of Person		elephone Number
Enclosed is a check for	r the following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration		Street Address: Registration Section	on.
<del>_</del>	Corporations	Division of Corpor	
P.O. Box 6	327	The Centre of Tall	lahassee
Tallahassee	: FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOWN & OUT ICE LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company orida document number	were filed on Jan 3, 2023 and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
CIMBERLY'S CREATIONS, LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	3642 Bagwell Road
Principal office address MUST BE A STREET ADDRESS)	Pace, FL 32571
nter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
	,
. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
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.

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
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
			Remove
			□Change
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			□Change
			□Remove
			□Change

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If the date inserted in this block does not meet the applicable statutory filing requirements at's effective date on the Department of State's records.			
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	of: (b)	The 9	90th day af
May 8. 2024			
May 8. 2024			

Typed or printed name of signee