5/18/23, 3:38 PM

Division of Corporations

Florida Department of State Division of Combrations Electronic Filing Cover Sheat Division of Combrations Division of Combrations Electronic Filing Cover Sheat

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078 Phone : (352)223-3911 Fax Number : (863)318-8218

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

F	Address			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICY COLD TECH LLC

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Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICY COLD TECH LL	.c		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number		and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abb	reviation "L.I	C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	<u>e of the ne</u> 2	<u>w registere</u>
	•	.1923	
Name of New Registered Agent:		-<	:
New Registered Office Address:	Enter Florida street address	=======================================	<u> </u>
	, Fjorida _	 0	۱
	City	Ziψ Code	•
New Registered Agent's Signature, if changing Registered Agen	ı <u>t:</u>	0	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office of the selectory.	tt: gree to act in this capacity. I further as te performance of my duties, and I am	Zip Code Tree to con familiar w if this do	iply wi ith and cument

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JESSICA ELLIS	249 LAKEPOINT CIR	■Add
		KISSMMEE, FL 34743	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			¬Renюve
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			CRemove
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:	N/A		enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:	18/7			
Effective date, if other than the date of filing:				
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			JESUS ORTIZ TRUJLLO	