L23000134957

(Re	equestor's Name)	
(Ác	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HOF	RNE
	AUG 11	6 2023
<u> </u>		

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Cor	rporations		₩ •
SUPER IC	E USA MIAMI COCKTAILS	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Oscar Montoya		
		Name of Person	
		Firm/Company	
	3391 W 106th Ter		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	Navarro@eyaccountingserv		
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Esdras Navarro		786 4416968 at ()	
Name o	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		orporations Tallahassee oe Street, Suite 810
		Tallahassee, Fl	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUPER ICE USA MIAMI COCKTAILS LLC

(Name of the Limited Liability Company as it now appears on our records.)

		South,	FLORIDA
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/1	6/2023	and assigned
Florida document number L23000134957	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite			
The new name must be distinguishable and contain the words "Limite	ce Usa Froze	n LLC	the state of Fan
Enter new principal offices address, if applicable:	a chaomy company, the des	ignation LLC or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our rec	ords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	<u>Agent:</u>		

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add

	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: [Coptional] [Coptional]
ne recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	06/06/2023 Signature of a member or authorized representative of a member
	Oscar Montoya
	Typed or printed name of signee

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