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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JQ [t Icey Ice uc	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Amber Wil	Name of Person	
	J&A Icey 1	CL CC Firm/Company	
	1124 Herons	ound Dr. Address	
	Apopka, FL	32703 City/State and Zip Code	
	amber atenny E-mail address:	309Mail LOM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Amber Wi	Berson	at (401) 946-	OR34 e Telephone Number
rvanc o.	Telson	Aca Code Payum	C receptione Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited L.	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L230503453</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	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 words	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A.	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	23 TO
	istered office address on our records, enter the name of the new registere
	ilete.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	Florida
New Registered Agent's Signature, if changing Regis	City Zip Code
iven registered Agent 5 Signature, it changing Regis	(Micreu Agent:

Thereby 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
Mar	Amber Wilson	1124 Heron Sound or A	opka, FC 32703
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00