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SECRETARY OF STATE  
TALLAHASSEE, FL

VW

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J&A Ikey Ice LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Wilson  
Name of Person

J&A Ikey Ice LLC  
Firm/Company

1124 Heron Sound Dr  
Address

Apopka, FL 32703  
City/State and Zip Code

amber.glenn83@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Wilson at ( 407 ) 946-0834  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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



[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Amk Wolk

Amber Wilson

Typed or printed name of signee

**Filing Fee: \$25.00**