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COVER LETTER

TO:		ation Sect of Corp				13	
,	Ice	Twister C	orporate Catering LLC				
SUBJE	CI:		Name of Limi	ited Liability Compa	ny		
The enc	losed An	icles of A	mendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all	correspon	dence concerning this matter	to the following:			
			Cheyenne Whitfield Meilqu	uham			
				Name of Pers	son		
				Firm/Compa	ny		
			10150 Highland Manor Dr				
				Address			
			Tampa Fl 33610		·		
			cheyenne@cwesq.com	City/State and Zip	p Code		
				to be used for future	annual report	notification)	
For furt	her infor	mation co	ncerning this matter, please co	all:			
Cheyen	ne Whitf	ield Meilq	uahm	646 at (8058942		
		Name of	Person	Area Co	de Day	ytime Telephone Number	
Enclose	ed is a che	eck for the	: following amount:				
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT ! 3 AM 9: 30 Ice Twister Corporate Catering LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/02/2023 and assigned Florida document number L23000455137 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ____ Citv 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 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
MGR	Cheyenne Whitfield Mcilquham	10150 Highland Manor Dr Ste 200	
		Tampa Fl 33610	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing: [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 Abote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State is record. The 90th day after the reliable of the effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the reliable of the effective date is filed. Signature of a member of authorized representative of a member Cheyeane Whitfield Meilquharn		
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Filing Fee: \$25.00