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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Austin Thacker		
Austin Thacker P.O. Box 940310 City/State and Zip Code austin@chillzoneholdings.com E-mail address: (to be used for future annual report notification) Thacker The state of the control			
	Chill Zone Holdings, LLC	Name of Limited Liability Company and fee(s) are submitted for filing. Ining this matter to the following: Indicer	
	Amendment and fee(s) are submitted for filing. Austin Thacker Name of Person Chill Zone Holdings, LLC Firm/Company P.O. Box 940310 Address Maitland, FL 32794 City/State and Zip Code austin@chillzoneholdings.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 407 7902754 Area Code Daytime Telephone Number he following amount: \$\Begin{array}{c} \$30.00 \text{ Filing Fee & Certificate of Status & Certificat Copy (additional copy is enclosed)} \text{ Certificate of Status & Certificate Opy is enclosed)} \text{ Street Address:} \text{ Street Address:}		
	P.O. Box 940310		
		Address	
	Maitland, FL 32794		
		City/State and Zip Code	
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			rt notification)
For further information of	oncerning this matter, please c	all:	
Austin Thacker			4
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S		Registration	n Section
Division of C	corporations	Division of	Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our rented Liability Company)	cords.)
pany were filed on 10/19/2023	and assigned
liability company here:	
Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
<u></u>	
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Tica address on our records, el	nter the name of the new regis
nee address on our records, co	iter the hame or see new region
Enter Florida street a	ddress
	Florida
City	, Florida Zip Code
	Liability Company here: Liability Company." the designation " S) fice address on our records, en

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			Remove
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Note: If the date inserted in this bloo	be specific and cannot be prior to date of ock does not meet the applicable state partment of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 6 tutory filing requirements, this date will not be li	05.0207 isted as
document's effective date on the Dep			
record specifies a delayed effective	date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day af	iter the
e record specifies a delayed effective ed is filed.		12:01 a.m. on the earlier of: (b) The 90th day at	fter the
e record specifies a delayed effective rd is filed. Dated February 16		£2 A	fier the

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