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COVER LETTER

TO: Registration Sc Division of Cor		,	· Marian		
SUBJECT: 7	FRANK'S COLD	PLUNGE LL	. C.		
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	FRANCIS	SCO J. IZNA Name of Person	64		
	ICEO	LOGY COLD PL	unge		
		Firm/Company			
	1000 SW 1	84th TER.			
		Address			
	PEUBROKE	PINES FL 3	3029		
		PINES, FL 3 City/State and Zip Code	<u></u>		
	ICEOLO	GYCOLDPLUNG	E@GNAIL.COM		
	E-mail address: (to be used for future annual r	eport notification)		
For further information co	oncerning this matter, please c	all:			
FRANCISCO	J. IZNAGA	ar (954)	558-3819		
Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
Mailing Address Registration S		Street Ad Registra			
Division of C		Division	Registration Section Division of Corporations		
P.O. Box 632			tre of Tallahassee		
Tallahassee, F	L 32314	2413 N.	Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

And Maria Con	Frank's Coi			C.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ICEOLOGY COLD PLUNGE, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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: SAME AS IN RECORD Enter Florida street address Finer Florida street address	(Name of the Limited L. (A F	iability Compan Iorida Limited Li	y as it now appear ability Company)	s on our records.)	
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TCEOLOGY COLD PLUNGE, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: SAME AS IN RECORD Enter Florida street address Enter Florida street address	This amendment is submitted to amend the following	ig:			
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Name of New Registered Agent: New Registered Office Address: SAME AS IN RECORD Enter Florida street address P			Of	fice address	
	agent and/or the new registered office address he Name of New Registered Agent:	ere:	AG IN	RECORD	2024 APT
City - Zip Code			rmer rior		
	_		City	, Florida -	Zip Code

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNY IZNAGA	1000 SW 184 TER	\\\Add
		PEUBROKE PINES, FL 3302	29 □Remove
			□Change
			□Add
			□Remove
			□Change
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	N/A
	t
	
	
(If an effect Note: If	e date, if other than the date of filing:
f the record s ecord is filed	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 l.
Dated	MARCH 28 2024
	Signature of a member of authorized representative of a member
	FRANCISCO J. IZNAGA Typed or printed name of signee