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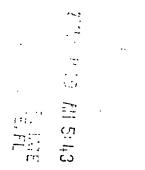
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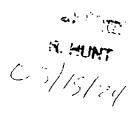
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COVER LETTER

TO: Registration 3 Division of Co			
Bay Ice L			
SUBJECT:		nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing	
Please return all corresp	oondence concerning this matter	to the following:	
	Trey Phillips		`. :
		Name of Person	·
	Bay Ice LLC		
		Firm/Company	·. ·
	11120 Rising Mist Blvd		<u> </u>
		Address	5: 43
	Riverview/ Florida/ 33578		.,
	Baysitalianice@gmail.com	City, State and Zip Code	
		to be used for future annual report notification	201)
For further information	concerning this matter, please c	all:	
Trey Phillips		813 475-8107	
Name	of Person	at ()	phone Number
Enclosed is a cheek 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of 0 P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla	itions
Tallahassee,	FL 32314	2415 N. Monroe Str Tallahassec, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
bility Company	were filed on 03/05/2024	and assigned
ving:		
he limited liab	ility company here:	
ds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
ole:	11120 Rising Mist Blvd	14 14 14 14 14 14 14 14 14 14 14 14 14 1
	Riverview, Florida, 33578	
		17 VD
	11120 Rising Mist Blvd	<u> </u>
0X)	Riverview, Florida, 33578	- H
istered office : here: N/A	address on our records, <u>enter t</u>	he name of the new register
here:	address on our records, <u>enter t</u>	he name of the new register
here:	address on our records, enter t	he name of the new register
here:	Enter Florida street address	he name of the new registers
	ving:	the limited liability company here: ds "Limited Liability Company," the designation "LLC" le:

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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:			(option	nal)	
n effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the app	plicable statu	filing or more than itory filing requi	90 days after the ements, this o	ling.) Pui late will	not be listed
cument's effective date on the Department of State's reco	rds.				
					
ecord specifies a delayed effective date, but not an effective is filed.	re time, at 12	(:01 a.m. on the c	arlier of: (b)	The 90	th day after th
March 14th 2024					
Dy Phillips Signature of a member or a					
In Millings					

Filing Fee: \$25.00