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#### **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Se Division of Cor					
	TI ICE FACTORY 1, LLC				
SUBJECT:  Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Charles C. Jones, II				
		Name of Person	<del></del>		
	Jones, Haber & Rollings				
		Firm/Company			
	1633 SE 47th Terrace				
		Address	<u>.</u>		
	Cape Coral, Florida 33904				
		City/State and Zip Code			
	jones@joneshaberlaw.com				
	E-mail address: (t	o be used for future annual repor			
For further information of	concerning this matter, please ca	ill:	07		
Sharon Cirillo		239 542-07 at ( )	90		
Name c	of Person		aytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Addre		Street Addre			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>.</u>	
The Articles of Organization for this Limited Liability Company were filed on April 25, 2024 and a clorida document number L24000194675			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>:</u> :	
		<del></del>	
		(i) <b>-</b>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter (</u>	the name of the new regist	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address		
	, Flo	orida	
	City	Zip Code	

#### New Registered Agent's Signature, if changing Registered Agent:

CD A CHICTELLICIE E ACTEODY 1, 1,1,0

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles C Jones	1633 SE 47th Terrace	□Add
		Cape Coral, Fl. 33904	■Remove
			Change
MGR	Jens Gamperl	5350 Bayview Court	■Add
		Cape Coral, Fl. 33904	□Remove
			□Change
			. □Add
			□Remove
			☐ Change
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ective date, if other than the d	ne specific and cannot be prior to dat	(optic te of filing or more than 90 days after	filing.) Pursuant to 605.0
<u>te:</u> If the date inserted in this bloc cument's effective date on the Dep		statutory filing requirements, this	date will not be listed
addition serietive date on the isep	arment of State a record.		
ecord specifies a delayed effective is filed.	date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b	) The 90th day after t
May 16	2024		
May 16	·		
	ignature of a member or authorized	representative of a member	
S	ignature of a member of authorized	representative of a member	

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