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	COVER LETTER			
	istration Se ision of Cor			
SUBJECT:	Giacial Au	Services I I C		
		Name of Lin	nted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return	all correspe	ndence concerning this matter	to the following:	
		Da' Neil Tomlinson		
			Name of Person	
		Glacial Air Services LLC		
			Firm Company	<u></u>
		5218 Nw 15 st		
			Address	
		Margate/ FL 33063		
			City/State and Zip Code	
		glacialairserviceslle@gmail		
		E-mail address: (to be used for future annual report notif	lication)
For further in	aformation c	oncerning this matter, please e	all:	
Scan Meikle			954 599-9563	
at ()			: Telephone Number	
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is cackised)	\$60.00 Filing Fee, Certificate of Status & Certified Copy taidmonatcopy is enclosed.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glacial Air Services 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 <u>06/12/2024</u> and assigned Florsda document number <u>L24000268533</u>.

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 "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Tracipal office duaress messi BE A STREET ABORESS	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B()X)	

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:	Ross Whittick	
New Registered Office Address:	5218 Nw 15 St	
	Enter I	Horida street address
	Margate	Florida ³³⁰⁶³
	City	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If gmending Authorized Person(s) authorized to monage, <u>enter the title, name, and address of each person, being added</u>

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Ross Whittick	5218 NW 15 ST Margate FL 33063	Add
			[]Remove
			IChange
			[]Remove
			('hange
			UAdd
			[]Remove
			🗆 Change
			🗌 Add
			CRemove
			I:Change
			Add
			LIRemove
			Change
			IJAdd
			🗆 Remove
			TChange

D. If amonding any other information, onter change(s) here: (Attach additional sheets, if necessary)

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• Effective date, if other than th (If an effective date is listed, the date m <u>Note:</u> If the date inserted in this l document's effective date on the l	block does not meet the app	nlicable statutory filing re	(optional) than 90 days aft er filing.) P equirements, this date wi	ursuant to 605,0207 (3)(cb If not be listed as the
the record specifies a delayed effecti	ve date, but not an effectiv	e time, at 12:01 a.m. on i	the eartier of: (b) The S	90th day after the
cord is filed.				
December 16 Dated	, 2024	·		
Ba'ner	Signature of a member or a	200	a member	
	Vul Toulina	miled name of signee		
	Typed or pa	nnted name ef siguee		

Filing Fee: \$25.00

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