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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Con			
IcePix, LL	С		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Zwick, Trustee		
		Name of Person	
	IcePix, LLC		
		Firm/Company	<u> </u>
	1735 SE 8th Street		
		Address	
	Fort Lauderdale, FL 3331	6	
		City/State and Zip Code	
	iceman@theicebutcher.con		· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
David Zwick		954 205-2555	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICEPIX, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear itted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	7-15-24	and assigned
Florida document number 1.24000310315			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	re:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
			24
Enter new mailing address, if applicable:			24 NOV
Mailing address MAY BE A POST OFFICE BOX)			26
Manual Manual Devil Col Col Title Bony			
3. If amending the registered agent and/or registered of	fice address on our re	ecords, enter the	name of the new regi
gent and/or the new registered office address here:			7.8
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		Florid	
	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, 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, 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	ALVARO ALEJANDRO LUGO NAVARRO	121 NE 30TH COURT	□Add
		POMPANO BEACH, FL 33064	≡ Remove
			□Change
MGR	Emphasis Holdings, LLC	121 NE 30TH COURT	≣Add
		POMPANO BEACH, FL 33064	□Remove
			□Change
		<u> </u>	□Add
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			7	-15-2024					
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cora s s filed	pecifies a delayed (effective date, bi	ut not an e	ffective tim	e, at 12:01 a	i.m. on the e	irlier of: (b)	The 90th da	y after the
ted	ovember 20th			024	. 2				
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Typed or printed name of signee