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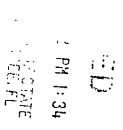
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: ICEAGE NORTH	H INC
DOCUMENT NUMBER: PO9000060703	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
THOMAS RICARDO	
	Name of Contact Person
ICEAGE NORTH INC	
<u> </u>	Firm/ Company
8020 LtO KIDD DR	
	Address
PORT RICHEY FL 34668	
	City/ State and Zip Code
ICEAGENORTHINC@AOL	СОМ
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
THOMAS RICCARDO	at (727) 514-3210
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

ICEAGE NORTH INC

PO900006070	3	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The new	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	8020 LEO KIDD DR	
(Principal office address MUST BE A STREET ADDRESS)	PORT RICHEY	
	FLORIDA 34668	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
D. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office add		
Name of New Registered Agent THOMAS RICCARD	· · · · · · · · · · · · · · · · · · ·	
8020 LEO KIDD DR		
(Florid	da street address)	ال ما ال
New Registered Office Address: PORT RICHEY	Florida 34668 701 -	الرسية ^م
HEW REGISTERED Office Houresia.	(City) (Zip Code)	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> . <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
X Change	P-S-T-D	CHRISTOPER FAUNCE	8020 LEO KIDD DR
Add			PORT RICHEY FL
X Remove			34668 SUITE 1
2) X Change	v	THOMAS RICCARDO	8020 LEO KIDD DR
Add			PORT RICHEY FL
X Remove	sv	LISA RICCARDO	34668 SUITE 1
X Add	<u></u>		8613 FORAST GLADE DR
Remove			HUDSON FL 34667
X Change	P-TR	THOMAS RICCARDO	
X Add			8020 LEO KIDD DR
Remove			PORT RICHEY FL 34668
5) Change			SUITE I
Add		-	
Remove			
6) Change			
Add			
Add			

(Attach additional sheets, if necessary).	. (Ве specific)
	<u></u>
	<u> </u>
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
	
-	

04/15/2021	10 4 4 4
The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	 -
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) TFIOM AS BICE ANDO (Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	