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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N:1	CEAGE NORTH INC	
DOCUMENT NUMBER: _	PO900006	50703	
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
	THO	MAS RICCARDO	
		Name of Contact Persor	1
	ICEAGE N	NORTH INC	
		Firm/ Company	
	8613 FORES	T GLADE DR	
		Address	
	HUDSON F	FL 34667	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
ICEAC	ENORTHINC@AOL	СОМ	
	-	sed for future annual report	notification)
For further information conce	ming this matter, pleas	se call: at (21,0
Name of Conta	act Person		de & Daytime Telephone Number
Enclosed is a check for the fo	lowing amount made	payable to the Florida Depa	artment of State:
2	\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

ICEAGE NORTH INC

(Name	of Corporation as curren	tly filed with the Florida D	Dept. of State)
	PO9000060703		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp." "Inc," or "Co".	A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address,	if annlicable:	8020 LEO KIDD DR	
(Principal office address MUST BE A S		PORT RICHEY FL 3	4667
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		8613 FOREST GLADI	E DR
		HUDSON FL 34667	
			
D. If amending the registered agent a new registered agent and/or the ne			name of the
	. regimes ou de		
Name of New Registered Agent	8313 FOREST GLADE I	שר	
		treet address)	
	HUDSON	orea and cony	34667
New Registered Office Address:		(City)	, Florida
		•	,
New Registered Agent's Signature, if a I hereby accept the appointment as regis			tions of the position
т негелу иссерстве арронатен их гедіх	истеа адет. Тат јатина	wan and accept the coniga	ams of the position.
	Signature of New	Registered Agent, if changing	na
	Signature of New	Regimerea Agent, if changi	' g
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) X Change	P-V-T-	E	THOMAS RICCARDO	8613 FOREST GLADE DR
Add				HUDSON FL 34667
$ \begin{array}{ccc} & & & \\ & & & \\ 2) & & & \\ \end{array} $ Change	S		LISA AHERN	8613 FORST GLADE DR
Add		_		HUDSON FL 34667
Remove 3) Change		_		
Add				
Remove				, _
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

amendment provides for an exchange, reclassification, or cancellation of issued shares, issions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ch additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
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(if not applicable, indicate N/A)	isions for implementing the amo	endment if not contained in th	e amendment itself:	
	(if not applicable, indicate N/A)			
				 -
			 	

The date of each amendment(s) ac		8/6/2022	, if other than the
date this document was signed.	option		, ii ouici taan di
Effective date if applicable:			
·	(no more than 90	days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De		able statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	oted by the incorporators, or bo	oard of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		number of votes cast for the amendme	nt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through	ugh voting groups. The following state of the separately on the amendment(s):	ement
"The number of votes cast	or the amendment(s) was/were	e sufficient for approval	
by	(voting group)	***	
	(voting group)		
8/6/2022			
Dated		_ -	
Signature	hun (5		
selected		er – if directors or officers have not bee hands of a receiver, trustee, or other co	
	THOMAS RICCARDO		
	(Typed or printed na	ame of person signing)	
	PRESIDENT		
	(Title of person sign	ning)	