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COVER LETTER

TO:	Registration Se Division of Co			
SHRI	* ** < > < > < > < > < > < > < > < > < >	US INK LLC		
0012	IECT:		ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Elizabeth Porteus		
			Name of Person	
			Firm/Company	
		5313 Paleo Pines Cir		
			Address	
		Fort Pierce, FL 34951		
			City/State and Zip Code	
		porteusliz@gmail.com E-mail address: (to be used for future annual report notif	ication)
For fu	urther information c	concerning this matter, please co	all:	
Eliza	beth Porteus		at () 573-3158 Area Code Daytime	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclo	ised is a check for t	he following amount:		
≘ Si	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOTORIOUS INK LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on April 20, 2016 and assigned			
Florida document number L16000078429				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
SMILEY RILEY'S ICE CREAM LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5313 Paleo Pines Cir			
(Principal office address MUST BE A STREET ADDRESS)	Ft. Pierce, FL 34951			
Enter new mailing address, if applicable:	5313 Paleo Pines Cir			
(Mailing address MAY BE A POST OFFICE BOX)	Ft. Pierce, FL 34951			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida			
	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
MGL	Riley Porteus	5313 Paleo Pines Cir	≅ Add
•		Ft. Pierce, FL 34951	Remove
			□ Change
			D Add
			☐ Remove
			□ Change
			Add
		***	□ Remove
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Note: If the	late, if other than t e date is listed, the date is the date inserted in this s effective date on the	block does no	t meet the appli	cable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) Pur nts, this date will	suant to 605,0207 not be listed as
If the record (b) The 90	specifies a delay th day after the r	ved effective ecord is filed	e date, but n d.	ot an effecti	ve time, at 1	2:01 a.m. on	the earlier o
	il 1		2018				

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Typed or printed name of signee

Filing Fee: \$25.00