

L19000283932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

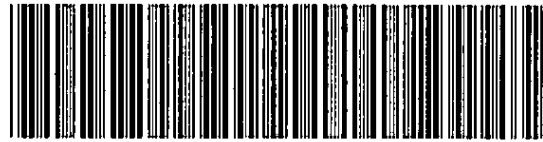
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600387915666

05/23/22--01023--010 **30.00

FILED

2022 MAY 23 PM 12:04

**SECRETARY OF STATE
TALLAHASSEE, FL**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIPON, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHLEY CAROLINA MONCADA RUBIO

Name of Person

PIPON, LLC

Firm/Company

3920 NW 2ND STREET

Address

MIAMI FL 33126

City/State and Zip Code

ASHLEYMONRUB@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEY CAROLINA MONCADA RUBIO

754 277-5762
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 Address:

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

FILED

2022 MAY 23 PM 12:04

PIPON, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/14/2019 and assigned Florida document number L19000283932.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

305 ICE CREAM, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3920 NW 2ND STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33126

Enter new mailing address, if applicable:

3920 NW 2ND STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33126

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:

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>	<u>Address</u>	<u>Type of Action</u>
MANAG	LADY CAROLINA JAIMES	11960 SW 202 STREET 117 MIAMI FL 33177	☐ Add
			☒ Remove
			☐ Change
MANAG	ASHLEY C. MONCADA RUBIO	3920 NW 2ND STREET MIAMI FL 33126	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2022 MAY 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 23 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FL

三三三

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 10 2022

Cewey Inc.
Signature of a member or authorized representative of a member

ASHLEY CAROLINA MONCADA RUBIO

Typed or printed name of signee

Filing Fee: \$25.00