LZ1 000318645

(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:
10/4/2021

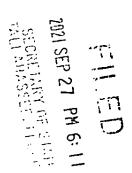
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDH	4C Creamer			
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Crisnel N. Ombao		
			Name of Person	
		4C Creamery		
			Firm/Company	
		13195 Orange Isle Dr		
			Address	
		WIndermere, FL 34786		
			City/State and Zip Code	
		sirc_tsinito_m@yahoo.com	to be used for future annual report notifi	
For fur	ther information co	oncerning this matter, please ca	·	cauon)
Crisnel	N Ombao		409 9519549	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount;		
□ \$ 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

4C Creamery LLC

2021 SEP 27 PH 6: 11

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our reconted Liability Company)	FALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/13/2021	and assigned
Florida document number L21000318645		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	s) //L	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	N/A	
3. If amending the registered agent and/or registered off gent and/or the new registered office address here: Name of New Registered Agent:		
N. D. LOW AND	N/A Finter Florida streat addi	
New Registered Office Address:	Enter Florida street addr	EXX
	. F	lorida
	City	FloridaZip Code
ew Registered Agent's Signature, if changing Registered Agent	ent:	
hereby accept the appointment as registered agent and crovisions of all statutes relative to the proper and complecept the obligations of my position as registered agent eing filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, a as provided for in Chapter 605	and I am familiar with and . F.S. Or. if this document is
	W/A.	
IFC	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
AMBR	Charlote J. Ombao	13195 Orange Isle Dr	□ Add
		Windermere, FL 34786	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□Remove
			□ Change

Effective date, if other than the date of filing:
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
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day a rd is filed.
Dated September 23 2021
$C \rightarrow C$

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