

L22000221870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

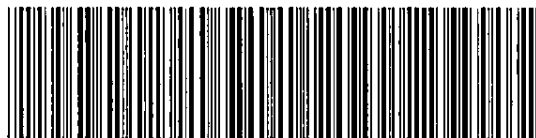
(Business Entity Name)

(Document Number)

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10/05/23--01017--020 ++25.00

2023 OCT -5 PM 12:20

A. PARISHANI
OCT 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaRue's Ice Cream LLC
Name of Limited Liability Company

2023 OCT -5 PM 12: 20

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

Please return all correspondence concerning this matter to the following:

Rachel E Cheff
Name of Person
LaRue's Ice Cream LLC
Firm/Company
11223 N Williams St Ste E
Address
Dunnellon FL 34432
City/State and Zip Code
laruesicecream@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel E Cheff 352 322-9202
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 OCT -5 PM 12: 20

LaRue's Ice Cream LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/11/2022 and assigned Florida document number L22000221870.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8171 SW 200th Ct

Dunnellon FL 34431

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: Rachel E Cheff

New Registered Office Address: 8171 SW 200 Ct

Enter Florida street address

Dunnellon

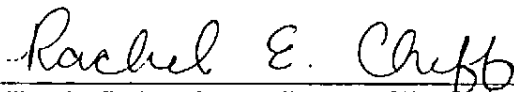
Florida 34431

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>
MGR	Corinna L Crouch	11601 SW Hwy 484	<input type="checkbox"/> Add
		Dunnellon FL 34432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geremy J Crouch	11601 SW Hwy 484	<input type="checkbox"/> Add
		Dunnellon FL 34432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rachel E Cheff	8171 SW 200th Ct	<input checked="" type="checkbox"/> Add
		Dunnellon FL 34431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sarah A Schneider	1899 W G Martinelli Blvd	<input checked="" type="checkbox"/> Add
		Citrus Springs FL 34434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT -5 PM 12:20
 Add
 Remove
 Change

