L23000463315

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| T Swirl Crepes of C | entral Florida | LLC | | | | |
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| Please Debit FCA000 | 000003 For: 25 | | | | | |
| Thank you Seth Neel | eγ | | | | | |
| 100/ | _ | | | Art of Inc. File | | |
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| | | | | L.C. File | 3 | |
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| | | | | Certificate of Good Standing | | |
| • | | | | Certificate of Status | | |
| | | | | Certificate of Fictitious Name | | |
| | | | | Corp Record Search | | |
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| 1974 | | | | Ficitious Owner Search | | |
| Signature | | | | Vehicle Search | | |
| | | | | Driving Record | | |
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COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | | | |
|---|--|---|--|--|--|
| | OF CENTRAL FLORIDA LL | С | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspondence | ndence concerning this matter | to the following: | | | |
| | JOHN BALLANTYNE | | | | |
| | | Name of Person | | | |
| | BALLANTYNE ACCTG | SERVICE INC | | | |
| | | Firm/Company | | | |
| | 903 N PINE HILLS RD | | ř. | | |
| | | Address | | | |
| | ORLANDO FL 32808 | | | | |
| | | City/State and Zip Code | | | |
| | BALLANTYNE903@GM. | AIL.COM to be used for future annual report noti | fication) | | |
| For further information c | oncerning this matter, please o | • | incation) | | |
| | oncerning this matter, please c | | | | |
| JOHN BALLANTYNE | | 407 765-1739 at () | | | |
| Name of | f Person | Area Code Daytim | ne Telephone Number | | |
| Enclosed is a check for th | e 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F | ection orporations 7 | Street Address: Registration Second Division of Cor The Centre of T | porations | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T-SWIRL OF CENTRAL FLORIDA 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 OCTOBER 9 2023 and assigned Florida document number L23000463315 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: T-SWIRL CREPE OF CENTRAL FLORIDA 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 |
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| ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this block occurrent's effective date on the Department's | e specific and cannot be prior to date of filing or more thank does not meet the applicable statutory filing requi | (optional) 190 days after filing.) Pursuant to 605.0207 (irements, this date will not be listed as t |
| record specifies a delayed effective is filed. | date, but not an effective time, at 12:01 a.m. on the e | earlier of: (b) The 90th day after the |
| OCTOBER 10 | 2023 | |
| 01.004 | gnature of a member or authorized representative of a me | mbor |
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Filing Fcc: \$25.00