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T. HAMPTON

OCT -7 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLAND CREAMERY 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:

MRS SUSAN KELLETT
Name of Person

ISLAND CREAMERY LLC
Firm/Company

1600 SARNO RD, SUITE 113
Address

MELBOURNE, FLORIDA 32935
City/State and Zip Code

. Kshel135@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUE KELLETT at (321) 626 2498
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ISLAND CREAMERY 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 1/26/04 and assigned
Florida document number LD4000007078.

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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 end with 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)

2 FIFTH AVE SUITE (B)
INDIALANTIC
FLORIDA 32903

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:

SUE KELLETT

New Registered Office Address:

1600 SARNORD, SUITE 113

Enter Florida street address

MELBOURNE

City

Florida 32935

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 608, 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.

SKELLETT

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>VERNON E. PRINCE</u>	<u>108 ISLAND VIEW DRIVE</u> <u>INDIAN HARBOUR BEACH</u> <u>FL 32937</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>BERNARD KELLETT</u>	<u>3611 TERRAMORE DRIVE</u> <u>VIERA</u> <u>FLORIDA 32940</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>SUSAN KELLETT</u>	<u>3611 TERRAMORE DRIVE</u> <u>VIERA</u> <u>FLORIDA 32940</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated 30TH SEPTEMBER, 2010

BKS Kellett

Signature of a member or authorized representative of a member

BERNARD KELLETT

Typed or printed name of signee