## L04000091689

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## **COVER LETTER**

то:	Registration Se Division of Cor							
SHR H		Distributors of Florida, L.L.C.						
SUBJECT:Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please r	etum all correspo	ondence concerning this matter	to the following:					
		Pedro A Diaz						
			Name of Person					
		Ice Cream Distributors of I	Florida, L.L.C.					
Firm/Company								
		8055 NW 90th St						
		Medley, Florida 33166	Address					
			City/State and Zip Code					
		peterad@icecreamdf.com						
			to be used for future annual report notifi	cation)				
		oncerning this matter, please ca						
Pedro A Diaz			305 216-1518at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for the	ne 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:

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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 ARTICLES OF ORGANIZATION OF

Ice Cream Distributors of Florida, L.L.C. (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 12/17/2004 and assigned Florida document number \_\_\_\_\_\_L04000091689 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 "LLC" or the abbreviation "L.L.C." N/A 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: Pedro A Diaz MGR Name of New Registered Agent: 8055 NW 90th St. New Registered Office Address: Enter Florida street address . Florida 33166
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.

City

Medley

ered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pedro A Diaz	8055 NW 90th St. Medley. Florida 33166	Add
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f an effective date <b>Note:</b> If the dat	e is listed, the date inserted in t	n the date of fi ate must be specific this block does n the Department	iling: and cannot to tot meet the	applicable	te of filing or statutory fil	more than 90 ing requiren	(optio days after the	iling \ Pur	suant to	605.0207 listed as
e record spe The 90th di	ecifies a del ay after the	layed effectiv e record is file	re date, b ed.	ut not an	effective	time, at	12:01 a.	m. on t	the ea	ırlier of
Dated April 15			2019							

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Typed or printed name of signee

Filing Fee: \$25.00