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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

JUN - 8 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Queen V's Ice Cream Palace 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:

Mildred Hall  
Name of Person  
Queen V's Ice Cream Palace  
Firm/Company  
111 S Collins St  
Address  
Plant City FL 33563  
City/State and Zip Code  
allidilesink@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mildred Hall at (813) 478-0833  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Queen V's Ice Cream Palace 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 03/24/2009 and assigned  
Florida document number 609000028735

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)

111 S Collins  
Plant City, FL 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6401 W Knights Griffin Rd  
Plant City, FL 33565

**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:

Mildred Hall

New Registered Office Address:

6401 W Knights Griffin Rd

(Enter Florida street address)

Plant City

Florida

33565  
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.

Mildred Hall  
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	Tracy Howell	6401 W Knights Griffin Rd Plant City FL 33545	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mildred Hall	6401 W Knights Griffin Rd Plant City FL 33545	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Victoria Strickler	2710 Majestic Oaks G Plant City FL 33546	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Kevin Strickler	2710 Majestic Oaks G Plant City FL 33546	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

*Mildred Hall*

Signature of a member or authorized representative of a member

Mildred Hall

Typed or printed name of signee