

L10000011717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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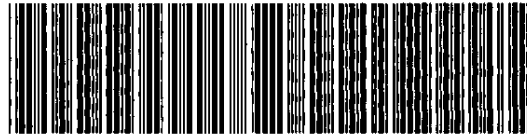
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET TOOTH ICE CREAM SHOP, 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:

GAIL LOWERY

Name of Person

SWEET TOOTH ICE CREAM SHOP, LLC

Firm/Company

4013 SEADRAGON BLUFF

Address

SPRING HILL, FL 34609

City/State and Zip Code

gaill1830@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL LOWERY

Name of Person

at (848) 992-7535

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

FILED

2010 OCT 12 PM 4:46

SWEET TOOTH ICE CREAM SHOP, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/1/10 and assigned
Florida document number L10000011717.

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)

4013 SEADRAGON BLUFF

SPRING HILL, FL 34609

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:

GAIL LOWERY

New Registered Office Address:

4013 SEADRAGON BLUFF

Enter Florida street address

SPRING HILL

, Florida

34609

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 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.

Gail Lowery
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	GAIL LOWERY	4013 SEADragon BLUFF SPRING HILL, FL 34609	☒ Add ☐ Remove
MGRM	BETH CLARKE	2973 HARROW RD SPRING HILL, FL 34608	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 1, 2010.

Beth L. Clarke
Signature of a member or authorized representative of a member

BETH CLARKE, MANAGING MEMBER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA