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2010 MAY 10 PH 12: 18
SECRETARY OF STATE
AFTER HASSEE, FLORIDA

T. CLINE
MAY 1 1 2010
EXAMINER

COVER LETTER

Division of Corp	orations			
SUBJECT: S		ATES & ICE CREA	M LLC	
	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Marcia E. Levine, Esq.			
		Name of Person		
		Firm/Company		
	3	299 Lakeshore Drive		
		Address		ZIII
	Dec	erfield Beach, FL 33442	•	2010 HAY 10 PH 12: 1 SECRETARY OF STATITALLAHASSEE, FLORIT
	City/State and Zip Code		Y IC	
	marc	a@claireviewcapital.co	m	IO PI
		to be used for future annual report	notification)	FIST ST
For further information co	ncerning this matter, please of	call:	•	AND B
⊸Marc	ia E. Levine	at (786)	457-8014	ح _ة
Name of	Person	Area Code & Di	aytime Telephone Number	
	0.11			
Enclosed is a check for the	-	——————————————————————————————————————	—10 co oo mu	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy		te of Status &
		(additional copy is encl		Copy al copy is enclosed)
MAILING ADDRESS		STRFFT/CO	MIRIER ADDRESS:	

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLLIE'S CHOCOLATES & ICE CREAM LLC

(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appea ida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L10000033557	- 1 -	March 26, 2010 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		Pro 13	
(Principal office address MUST BE A STREET AL	ODRESS)	ECCIE TO AN	
		SSEE TO P	
Enter new mailing address, if applicable:		TO NO.	
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u>_</u>	, Florida		
	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.

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

Address Type of Action Title <u>Name</u> Leonard A. Solomon MGRM 1016 SE 4th Street ☐ Add ✓ Remove Fort Lauderdale, FL 33301 Leonard A. Solomon MGR 1016 SE 4th Street ✓ Add Fort Lauderdale, FL 33301 Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 2010 Dated_ Signature of a member or authorized representative of a member Leonard A. Solomon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00