

L10000057657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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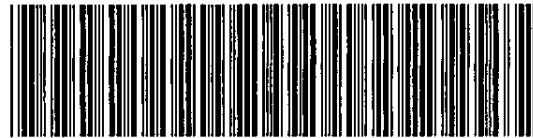
(Business Entity Name)

(Document Number)

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12 MAR 29 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 30 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Harmony Ice Cream 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:

Carla Jackson
Name of Person

Firm/Company

147 Sw 29th TER
Address

Cape Coral, FL, 33914
City/State and Zip Code

James99Jackson@ad. Co. UK
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Jackson at (239) 321 1008
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**

FILED

12 MAR 29 PM 12:49

Sweet Harmony Ice Cream, 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 6/1/2010 and assigned
Florida document number L10000057657

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)

147 SW 29TH TER

CAPE CORAL

FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

147 SW 29TH TER

CAPE CORAL

FL 33914

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:

Carla Jackson

New Registered Office Address:

147 SW 29TH TER

Enter Florida street address

Cape Coral

City

Florida

33914

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.

Jackson

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 Owner	Joseph R. Harmon	3005 SE 18 th Place Cape Coral, FL 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM Owner	Tammy L. Harmon	3005 SE 18 th Place Cape Coral, FL 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carla Jackson	167 SW 29 th TER Cape Coral, FL 33914	<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.)

Dated _____, _____

Joseph R. Harmon, Owner
Signature of a member or authorized representative of a member
Joseph R. Harmon
Typed or printed name of signee

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TALLAHASSEE, FLORIDA