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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|---|------------------------------------|--|---|---|------------------|
| SUBJEC | | of Boca Raton, LLC | | | |
| SUBJEC | .1: | Name of Lin | nited Liability Company | | |
| The encle | osed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | |
| | | Jacqueline Cotto | | | |
| | | | Name of Person | | |
| | | Kona Ice of Boca Raton | n, LLC | | |
| | | | Firm/Company | | 7.3 C 7 |
| | | 1720 NW Arcadia Way | | 7. (c) 2. (c) 2. (c) | |
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| | | Boca Raton, FL 33432 | | SED | ₹ [|
| | | | City/State and Zip Code | FA | ∞ √ |
| | | jackiecotto@yahoo.com | | mì | 70 |
| For furthe | er information c | E-mail address: (oncerning this matter, please c | to be used for future annual report no ali: | tification) | |
| Stacie C | Capozziello | | 561 251-8871 | | |
| | Name o | f Person | | ne Telephone Number | _ |
| Enclosed | is a check for th | ne following amount: | | | |
| □ \$2 5.0 | 00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop (additional copy | f Status & oy |
| | Mailing Addres | | Street Address: | | |
| Registration Section Division of Corporations | | | Registration Se Division of Co | | |
| | P.O. Box 632 | | The Centre of | • | |
| | Γallahassee, Ι | FL 32314 | 2415 N. Monre | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kona Ice of Boca Raton, LLC | | | | |
|--|--|--|-------------|--|
| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited I | 2011 and as | and assigned | | |
| Florida document number L11000040065 | · | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liability company her | r <u>e</u> : | | |
| | | r. | : | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the de | signation "LLC" or the abbreviation " | L.C." | |
| Enter new principal offices address, if appli | caple. | | | |
| Principal office address MUST BE A STRE | 53 G | - 43 E 81 M Hz | | |
| THE STATE OF THE PARTY OF THE P | CT ADDRESS; | (20 개 (제기 개 | : 111 | |
| | | | | |
| 7a | | ~ ~~ |) | |
| Enter new mailing address, if applicable: | | ш V | ···- | |
| Mailing address MAY BE A POST OFFICE | <u></u> | - . | | |
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| | | | | |
| 3. If amending the registered agent and/or | registered office address on our re | cords, <u>enter the name of the ne</u> | w registere | |
| gent and/or the new registered office addr | ess here: | | | |
| Name of New Registered Agent: | Jacqueline Cotte | | | |
| New Registered Office Address: | 10308 Steepy Brook Way | | | |
| em nogistered onige rightess. | Enter Flori | da street address | | |
| | Boca Raton | , Florida ³³⁴²⁸ | | |
| | City | Zin Cude | | |

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|------------------------|----------------|
| MGRM | Stacie L Capozziello | 875 NW 13th St. #307 | □Add |
| | | Boca Raton, FL 33486 | |
| | | | Change |
| MGR | Jacqueline Cotto | 10308 Sleepy Brook Way | •Add |
| | | Boca Raton, Fl 33428 | □Remove |
| | | | -1 ⊃☐Change |
| | | | S S S D Add |
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| fective date, if other n effective date is listed, the | | filing: | | (o or more than 90 days a | ptional) after filing.) Pi | ursuant 1 | o 605.02 |
| ote: If the date inserted | in this block does | not meet the ap | olicable statutory f | | | | |
| cument's effective date | on the Departmen | nt of State 8 feed | rus, | | | | |
| ecord specifies a delaye | el effective date. h | ut not an affactio | untima at 12:01 a | m on the earlier of | · (b) Tha O | Oth day | . a flor th |
| is filed. | d cricerve date, o | ut not an enectiv | e time, at 12.01 a. | m. on the earner of | . (D) THC 9 | our oay | anei in |
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| Spetember 9 | | 2022 | · | | | | |
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Typed or printed name of signee