11000051185

(Red	questor's Name)	<u>,</u>
(Add	dress)	
/		
(Add	dress)	
(City	y/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Doi	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED ANO FILED

D. BRUCE

DEC 06 2012

EXAMINER

, ,	COVER LETTER	
TO: Registration Se Division of Cor		
SUBJECT: B's Cool Treats LLC		₩.
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Brenda S Zook	
	Name of Person	
	B's Cool Treats LLC	
	Firm/Company	
	1051 N Jefferson Ave	
	Address	
	Sarasota, FL 34237	
	City/State and Zip Code bscooltreats@gmail.com	
	baccontrata@gman.com	

For further information concerning this matter, please call:

Brenda S Zook

at (941) 363-0456

Area Code & Daytime Telephone Number

Name of Person

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

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

B's Cool Treats 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 May 2, 2011 and assigned Florida document number L11000051185 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	Name	Address	Type of Action
MGR	Barbara J Miller	1051 N Jefferson Ave	Add
		Sarasota, FL 34237	Remove
	····		Add
			Add
	· · · · · · · · · · · · · · · · · · ·		FILED FILED FILED FILED SECRETAND RECEIVED.
			Add Remove
			Add

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated De	ecember 1, 2012
	La land hille
	Signature of a member or authorized representative of a member
	Barbara J Miller Communication
	Typed or printed name of signee

l or printed name of signe

Page 3 of 3

Filing Fee: \$25.00

12 DEC -5 PHI2: 58
SUCRETARY OF STATE
TAUT AND SHARES

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