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SEURETARY OF STATE
DIVISION OF CORPORATIONS

T.HAMPTON W. - I WIII EXAMINER

COVER LETTER

' **TO:**

TO:	Registration S Division of Co				
SUBJE	гст•	GW C	reamery LLC		
30201			ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
	Molly Graham Name of Person				
			Number 1 vison		
			Dreamette Firm/Company		
			Firm/Company		
	1458 South 6th Street				
			Address		
		ľ	Macclenny, FL 32063		
			City/State and Zip Code		
		Bed Gy	Wayn @ Vayoo to be used for future annual report r	, Com	
For fur	ther information	concerning this matter, please of	·	(Market)	
	M	olly Graham	at (_904_)	509-6202	
	Name	of Person	Area Code & Day	time Telephone Number	
Enclose	ed 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 enclo	Section 1 Section 2 Sectio	
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF

11 JUL -5 PM 3: 13

N Creamery LLC	es on our records	
da Limited Liability Company)	s on our records.	
y Company were filed on	06/01/2011 and a	ssigned
;		
imited liability company her	<u>e</u> :	
words "Limited Liability Compa	ny," the designation "LLC" or the	abbreviation
DRESS)		
	•	
Fn	er Florida street address	
Lit		
City	, Florida Zip Cod	de
	lity Company as it now appear in Limited Liability Company) y Company were filed on : imited liability company her words "Limited Liability Compa DRESS) gistered office address on oddress here: Entitle	lity Company as it now appears on our records.) Ita Limited Liability Company) y Company were filed on

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MOLLY J GRAHAM	11654 BUCKHEAD TRL BRYCEVILLE FL 32009	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_ =
			SECRETARY D //SION OF COR 11 JUL -5 P
 Dated	,	· · · · · · · · · · · · · · · · · · ·	EU ORPORATIONS PM 3: 13
	Molly of draw	ember or authorized representative of a member COM Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00