División of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000918383)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISTER SOFTEE LLC

Certificate of Status	0
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Page Count	06
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Corporate Filing Menu

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'APR'18 2014 J. BRUCE

COVER LETTER

TO: Registration Sentence of Con			
Mister So	fice LLC		
SUBJECT:	Name of Limi	ted Liability Company	day di Baranda wakak a
	Amendment and fee(s) are subrundence concerning this matter t		
	Cheyenne Moseley		
	WHITE AND ADDRESS OF THE PARTY	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	141
	malbano77@gmail.com		++
		o be used for future annual report notification)	
For further information	concerning this matter, please ca	dt:	
Imelda Vasquez		323 962-8600 ext 7950	
Name	of Person	Area Code Daytime Telepho	2014 APR 17
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)	Certificate of Status & Certificate Copy, (additional copy is chiclosed)

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

Mister Softee LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/3}{2}$	28/2014 and assigned
Florida document number L14000014925	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>:e</u> :
Mister Softee of Jacksonville LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the d	esignation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	776
	701 20
	1000
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	75 F 1994
	हर्ग प
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florie	da street address
	, Florida
City	Zip Coda

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			Add
			□ Remove
			O Add Remove
			PR 17 AM O. Refigive
			□ Add
			C Remove

D.	If amend	ling any other infor	mation, enter change(s) here: (Attach additiona	l sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·		
E. (the date of filing: annot be prior to date of receipt or filed date and cannot be me Florida Department of State)	(optional) nore than 90 days after
		April 15th	2014	
	Dated	7451111041		
	Dated	Mi	da na Salare)
	Dated	Mil	Signature of member or authorized representative of Milagros Jordan	a member

Page 3 of 3

Filing Fee: \$25.00