Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

Email Address:

NG DEC 21 AH ID: 02 SEGRETARY SITSTATE LLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D'LITES ICE CREAM FORT LAUDERDALE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 21 A ID 49

DEC 22 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'Lites Ice Cream Fort Lauderdale, LLC		
(Name of the Limited Linhility Company (A Florida Limited Lia	ga it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 01/11/2016	and assigned
Florida document number L16000004629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	`	
(Principal office address MUST BE A STREET ADDRESS)		
	7	21
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	3	
Enter new mailing address, if applicable:		7 7
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		64 6
B. If amending the registered agent and/or registered offic	ce address on our records, <u>enter t</u>	te name of the ner
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Entor Florida street address	
	Florida	
	City	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 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>	Name Address		Type of Action			
AMBR	Sabrina Somenzari	1909 CORDOVA RD	= Add			
		FORT LAUDERDALE, FL 33316	□ Remove			
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ffective date, if other than the can effective date is listed, the date must ote: If the date inscreed in this bloomment's effective date on the De	be specific and or ck does not me	amot be prior to et the applical	date of filing or ole statutory fil	more than 90 days	optional) s after filing.) F s, this date w	fursuant to 602 ill not be list	5.0207 Ici as
e record specifies a delayed The 90th day after the reco	effective da rd is filed.	te, but not	an effective	time, at 12:	01 a.m. or	n the earli	er of
December 20th		2016					
MUIN	1	,,,	•				
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Filing Fee: \$25.00