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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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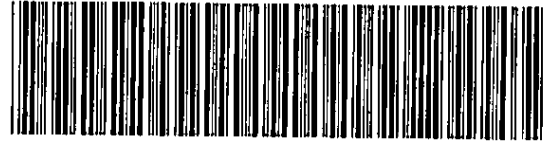
(Business Entity Name)

(Document Number)

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2022 APR 12 AM 11:58

CLERK OF SUPERIOR COURT
FALLS CHURCH, VA

of 5/15/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D'LITES ICE CREAM FORT LAUDERDALE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Enrico Anders

Name of Person
Supra Tax LLC

Firm/Company
6236 Kingspointe Pkwy Ste 1

Address
Orlando, FL 32819

City/State and Zip Code
Business@supratax.com

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

For further information concerning this matter, please call:

Enrico Anders

Name of Person
407 890-1096
at (_____) _____
Area Code Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

D'LITES ICE CREAM FORT LAUDERDALE, LLC

2022 APR 12 AM 11:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

COUNTY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were 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 liability company here:

FLFL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

267 DOWNS CORNER RD, ST AUGUSTINE FL 32092

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

267 DOWNS CORNER RD, ST AUGUSTINE FL 32092

(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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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

