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## **COVER LETTER**

D'LITES ICE CREAM FORT LAUDERDALE, LLC SUBJECT: 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 890-1096 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Conv. (additional copy is enclosed)

Mailing Address:

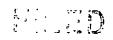
TO:

Registration Section Division of Corporations

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



D'LITES ICE CREAM FORT LAUDERDALE, LLC

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(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	Mil susser el		
The Articles of Organization for this Limited Liability Compa				
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited li	ability company here:			
FLFL LLC				
The new name must be distinguishable and contain the words "Limited Lia	ability 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 A	UGUSTINE FL 32092		
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered officingent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>enter the</u>	name of the new regis		
Name Descriptored Office Address				
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 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>	<u>Name</u>	Address	Type of Action
AMBR	Elizabeth Sbrana Garcia Somenzari	267 DOWNS CORNER RD	
		SAINT AUGUSTINE, FL 32092	<b>≡</b> Remove
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	ek does not meet ti	ie applicable si	of filing or more th atutory filing req	(optiona an 90 days after fili uirements, this da	al) ng.) Pursuant to 605.020 ate will not be listed as
record specifies a delayed effective d is filed.	date, but not an ef	fective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after the
Dated April 4th		22			
<u> Inniemin</u>	Z -	a autoria 1			