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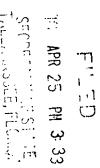
| (Re                     | questor's Name)    |             |
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| (Cit                    | sy/State/Zip/Phone | · #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nam  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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## **COVER LETTER**

. :

| Division of Co            | rporations                                 |   |  |            |
|---------------------------|--|---|--|------------|
| SUBJECT: SW               | EET MELODY CRATED                          | ice creamilic   |  |            |
|                           |  | ited Liability Company  |  |            |
|                           |  |   |  |            |
| The enclosed Articles of  | Amendment and fee(s) are sub               | mitted for filing.  |  |            |
| Please return all corresp | ondence concerning this matter             | to the following:   |  |            |
|                           |  | Michel Romen  |  |            |
|                           |  | Name of Person  |  |            |
|                           | Sweet Melad                                | y Crafted (ce Cream, Firm/Company                                   | Lic  |            |
|                           |  | 20272 Sw 8544 Are   |  |            |
|                           | Cutt                                       | er Boy FL 33189 City/State and Zip Code                             | APR 25   | · •        |
|                           |  | City/State and Zip Code   | im) (  | 1 *        |
|                           | mike Bsweet                                | melody ICE (Mam. Com to be used for future annual report notif      |  | ; <u>(</u> |
|                           | E-maīl address: (                          | to be uself for future annual report notif                          | fication) : - မှာ<br>င်းကြီး ယ   | ,<br>)     |
| For further information   | concerning this matter, please c           | all:  | :  | ,          |
| Michel Ro                 | of Person                                  | at (786) 376-   | 2814<br>e Telephone Number   |            |
| Name (                    | or rerson                                  | Area Code Dayunk  | , ,  |            |
| Enclosed is a check for t | he 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,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclos |            |

### MAILING ADDRESS:

TO:

**Registration Section** 

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

| Sweet Melody Crated  | Ice Crea                                  |  |
|--|---|--|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appeau<br>liability Company) | <u>irs oh our records.</u> )               |
| The Articles of Organization for this Limited Liability Company  Florida document number   | were filed on                             | 3 8 2 ol 4 and assigned                    |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liabile.  Sweet Melody Crafted   Ce Cream L.  The new name must be distinguishable and contain the words "Limited Liabile." | LC  |  |
| •  | ity Company, me o                         | designation LEC of the abbreviation E.E.C. |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <u> </u>                                   |
| Enter new mailing address, if applicable:  |   | PR 25                                      |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>                                   |
|  | -   | <u> </u>                                   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  |   | ,    |
| Name of New Registered Agent:  | · · · ·                                   |  |
| New Registered Office Address:   | Enter Flo                                 | orida street address                       |
|  |   | Florido                                    |
| <del></del>  | City                                      | , Florida<br>Zip Code                      |
| New Registered Agent's Signature, if changing Registered Agent:  |   |  |
|  |   |  |

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.

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

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> | <u>Name</u> | Address   | Type of Action                         |
|--------------|-------------|---|--|
|              |             |   |  |
|              |             |   | ☐ Remove                               |
|              |             |   | ☐ Change                               |
|              |             |   | Add                                    |
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|              |             |   | □ Add .1                               |
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|              |             | *** | Change                                 |

|                  | apposed to b                                 | e "Swee                                       | t Melody             | Craffed             | Ice Crea            | ion. Compar<br>m!! Thank                      | _        |
|------------------|--|---|----------------------|---------------------|---------------------|---|----------|
| You.             | ·  |   |                      |                     |                     |   | _        |
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|                  |  |   |                      |                     |                     | · · · · · · · · · · · · · · · · · · ·         | ان<br>ت– |
|                  |  |   |                      |                     |                     | <u> </u>                                      | _        |
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|                  |  |   |                      |                     |                     |   | _        |
| i effective date |  | ust be specific and                           | I cannot be prior to |                     |                     | r filing.) Pursuant to 60                     |          |
|                  | e inserted in this be<br>ctive date on the I |   |                      | le statutory filing | g requirements, thi | s date will not be lis                        | sted a   |
|                  |  |   | •                    |                     |                     |   |          |
|                  | cifies a delaye<br>ay after the re           |   | ate, but not a       | an effective t      | ime, at 12:01 a     | a.m. on the earl                              | lier (   |
| _                | · / /  | ٨   | 0.44                 |                     |                     |   |          |
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| ted              | Cook FIFTIT                                  | / \   |                      |                     |                     |   |          |

Page 3 of 3

Filing Fee: \$25.00