L16000048070

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500367921795

86/17/21--01012--014 **25.00



COVER LETTER

то:						
CUDIU	C) (T)		AM, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Anthony A. Roca, Esq.				
			Name of Person			
		The Roca Law Firm, P.A.				
		.	Firm/Company			
	Division of Corporations SWEET_MELODY CRAFTED ICE CREAM, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Anthony A. Roca, Esq. Name of Person The Roca Law Firm, P.A. Firm/Company 6303 Blue Lagoon Drive, Suite 400 Address Miami, FL 33126 City/State and Zip Code notice@rocalaw.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: tony A. Roca, Esq. Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations					
	Firm/Company 6303 Blue Lagoon Drive, Suite 400 Address Miami, FL 33126 City/State and Zip Code notice@rocalaw.com					
	Miami, FL 33126					
		Miami, FL 33126 City/State and Zip Code				
For furth	ner information c		-	ilication)		
			305 771-3529			
-	Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed	d is a check for th	ne following amount:				
■ S25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
				ection		
	Division of C	orporations	Division of Cor	rporations		
	P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	l'allahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET MELODY CRAFT	TED ICE CREAM, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/08/2016	and assigned
lorida document number <u>L16000048070</u> .		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil		abbreviation "L.L.C."
Inter new principal offices address, if applicable:	15224 Sunset Dr.	2021
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33193	<u> </u>
		
		PH
Inter new mailing address, if applicable:	15224 Sunset Dr	5
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33193	<u> </u>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent: Anthony A.	Roca, Esq.	
New Registered Office Address: The Roca La	w Firm, P.A., 6303 Blue Lagoon Driv Enter Florida street address	re, Suite 400
Miami	, Florida _	33126
	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 = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ <u>Ā dd</u> : Ξ
			☐ Remove
		/	□ CBange
			□Remove
			□Change
			□ Remove
			□Change
			□Add
/			□Remove
			□ Change

		
		
		53
		- 1 <u>29</u>
		= : =
		
		P# 12:
		16
	<u> </u>	
	·-·········	
fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) s of filing or more than 90 days after filing.) statutory filing requirements, this date v	Pursuant to 605.02 vill not be listed
ecord specifies a delayed effective date, but not an effective time, a is filed.	t 12:01 a.m. on the earlier of: (b) The	90th day after th
ted May 20th 2021		
\wedge \wedge \wedge \wedge \wedge \wedge		

Filing Fee: \$25.00