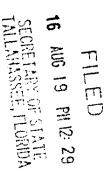
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
eun ic	Atomic Ice	Cream Factory LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing			
		ondence concerning this matter	•			
		Edward J Mahon				
			Name of Person			
		Atomic Ice Cream Factory	LLC			
			Firm/Company			FILED
		13711 Gulf Blvd. 💆 2				
			Address		SEO.	
		Madeira Beach, Fl. 33708			哥哥:	17
		-	City/State and Zip Code		1988 1987 (<u>П</u>
		atomicicecreamfactory@gm	nail.com to be used for future annual report notif	S4:	25% 2	
For furt	her information c	oncerning this matter, please ca		neation)	IZ: 29	
Edward	Mahon		720 951-1008			
	Name o	f Person	Area Code Daytime	e Telephone Number	· 	
Enclose	d is a check for tl	he following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

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

Atomic Ice Cream Factory LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit Florida document number L16000138704	ty Company were filed on July 25, 2016	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	7 S 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	FILED PARTIES PARTIES
Manning undress MAT BE A TOST OFFICE BOA		11.00 Z
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Patricia J Rosecrans	1512 Westgate Dr. #7 Kissimmee, F1, 34740) ⊟ Add
			□ Remove
			Change
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ctive date, if other than the	e date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.6
: If the date inserted in this b	lock does not meet the applicable statuto Department of State's records.	ry filing requirements, this date will not be listed
	•	
ecord specifies a delayene 90th day after the re-		ctive time, at 12:01 a.m. on the earlie
d August 15th	2016	
2101	//	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00