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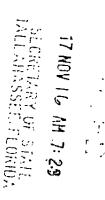
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## COVER LETTER

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elid ie <i>c</i>		EMONADE STAND, LLC			
SUBJEC	··	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Wendy Thomas			
		<del></del>	Name of Person		
			Firm/Company	<del></del>	
		16196 SW 16th Street			
		Address			
		Pembroke Pines, FL 33027	7		
		City/State and Zip Code			
		wendynthomas@yahoo.com  E-mail address: (to be used for future annual report notification)			
For furthe	r information co	oncerning this matter, please ca			
Wendy T			754 422-6378 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	e following amount:			
<b>■</b> \$25.0	0 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALIK'S LEMONADE STAND, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 7, 2017 and assigned Florida document number L17000167427 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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	Wendy Thomas	16196 SW 16th Street	■ Add
		Pembroke Pines. FL 33027	☐ Remove
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record specifies a delayed effective date, but The 90th day after the record is filed.	not an effectiv	ve time, at 12:01	a.m. on the	earlier	ro
ted November 13 2017					
The state of the contract of t	iona				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00