

L17000245874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

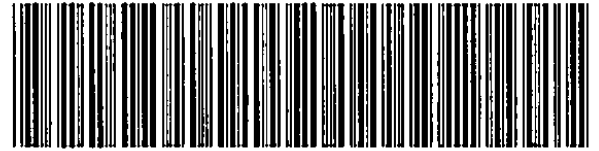
(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Icecapade Frozen Treats, LLC  
DOCUMENT NUMBER: L17000245874

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonie D. Wellington  
Name of Contact Person  
Icecapade Frozen Treats, LLC  
Firm/ Company  
133 W 16<sup>th</sup> Street  
Address  
Jacksonville, FL 32206  
City/ State and Zip Code  
info@icecapadefrozentreats.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonie D. Wellington at ( 904 ) 314-4190  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2020

LEONIE D. WELLINGTON  
133 W 6TH ST  
JACKSONVILLE, FL 32206

SUBJECT: ICECAPADE FROZEN TREATS, LLC  
Ref. Number: L17000245874

We have received your document for ICECAPADE FROZEN TREATS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 520A00025077

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Iccapade Frozen Treats, LLC  
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:

Leonie D. Wellington  
Name of Person

Iccapade Frozen Treats, LLC  
Firm/Company

133 W 6<sup>th</sup> Street  
Address

Jacksonville, FL 32206  
City/State and Zip Code

info@iccapadefrozentreats.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonie D. Wellington at ( 904 ) 314-4190  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

11/30/2017 2:50 PM

Tecapade Frozen Treats, 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 11/30/2017 and assigned Florida document number L17000245874.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.":

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1833 N. Pearl Street  
Jacksonville, FL 32206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

133 W. 6<sup>th</sup> Street  
Jacksonville, FL 32206

**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:

N/A

New Registered Office Address:

Enter Florida street address

City Florida 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 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>	<u>Type of Action</u>
MGR	Leanie D. Wellington	133 W 6 <sup>th</sup> Street	<input type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Joseph L. Wellington	133 W 6 <sup>th</sup> Street	<input type="checkbox"/> Add
		Jacksonville, FL 32206	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

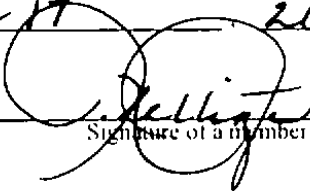
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 17 2020

  
Signature of a member or authorized representative of a member

Leonie D. Wellington  
Typed or printed name of signee

Filing Fee: \$25.00