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## **COVER LETTER**

Division of Co	rporations		
	CREAMERY PALM COURT	LLC	
SUBJECT:	Name of Lim	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:	
	David Morales		
		Name of Person	
	MORALES LEGAL PA		
		Firm/Company	
	1250 S Miami Ave #3106		
		Address	<del></del>
	Miami FL 33130		
		City/State and Zip Code	
	david@morales.legal		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
David Morales		305 962-4220 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
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, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TÓ:

**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

(Name of the Limited Liability Companion (A Florida Limited Limited Limited Limited Limited Liability Company)					
	a 1/2/18				
F 14000000 = 0.1	were filed on	and assigned			
Florida document number L18000001501					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
MADLAB CREAMERY GLOBAL LLC					
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:	36 NW 6 AVE, #1109				
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33128				
Enter new mailing address, if applicable:	36 NW 6 AVE, #1109				
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33128				
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		he name of the SECRE IAK OF CORPOR			
	, Florida	7:n Cod= = 35			
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code			

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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