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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
, SUBJI	THE COTT	'AGE & SLICE-N-ICE, LLC	•	en en alien
-		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Marie B Sillech		
			Name of Person	<del></del>
		THE COTTAGE & SLICE	E-N-ICE, LLC	
		2735 5 Ave North	Firm/Company	
			Address	
		St Pete Florida 33713		
		kenwoodmarketplace@gma	City/State and Zip Code til.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Marie	B Sileech		727 592-4406 at ()	
	Name o	f Person		: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MITCHES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limite		ny as it now appears on ou liability Company)	ır records.)
	A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 5060452790CC	ability Company	were filed on 5/27/2019	and assign
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designati	ion "LLC" or the abbreviation "L.ILC
Enter new principal offices address, if applica	ıble:	2735 5 Ave North	
Principal office address MUST BE A STREET		St Pete Florida 33713	
			To the second se
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	ROX)		
maning unavess military to be in the beautiful be	<u>, 0,17</u>	-	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/o	or registered of	Tice address on our	records, enter the name of
registered agent and/or the new registered off			
Name of New Registered Agent:	Joseph R Buono	)	
New Registered Office Address:	2822 52 Lane N	orth	
		Enter Florida stre	et address
	St Petersborg		, Florida 33710
		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 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.

Manging Registered Agent, Signature of New Registered Agent

or remov	ed from our records:			
MGR = AMBR =	Manager Authorized Member			
<u> Ťitle</u>	<u>Name</u>	Ado	<u>lress</u>	Type of A
MGR	GRINAKER, ARNE J. JR.		5 PASADENA AVESUITE SOUTH PASADENA, FL	
			<del> </del>	
	I 100		2.521 V	Change
MGR	Joseph R Buono	- St Deters	2 52 Lane N 5 FL 33710	B Add
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i	am adding my Brother Joseph R Buono as a manager
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	Date Filed
m effi	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li- ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear
ine	90th day after the record is filed.
ated	9-11-19
_	9-16-19  Marie Buono Siless  Signature of a member or authorized representative of a member
	Mare Suono Silest Signature of a member or authorized representative of a member
	/ Signature of a member or authorized representative of a member
	Marie B Silecch

Page 3 of 3

Filing Fee: \$25.00