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To:

Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DR SNO'S SHAVED ICE, LLC DR SNO'S SHAVED ICE, LLC

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K. SALY

NOV 13 2024

COVER LETTER

TO: Registration So Division of Cor			
DR SNO'S	SHAVED ICE, LLC		
Sobiber:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
	- , , , , 	Address	
	Austin, TX 78717		
	tomkihlstadius@gma	City/State and Zip Code	
		o be used for future annual report not	itication)
For further information of	concerning this matter, please ca	11:	
Mike Town		800 773-0888 at ()	
Name o	of Person		e 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 Fcc. 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 NOV 12 PM 4: 24
TALLAHASSEE, FLORIS

DR SNO'S SHAVED ICE, 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 03/27/2018 _ and assigned L18000078150 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Parah LLC 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) 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: Enter Florida street address ____, Florida ___

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.

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 Acti	<u>ion</u>
AMBR	THOMAS KIHLSTADIUS			
			Remove	
		10001 N Palafox St, Lot 11 Pensacola. FL 32534	■ Change	
AMBR	Hilda Infante Kihlstadius			
			Remove	
		10001 N Palafox St, Lot 11 Pensacola. FL 32534	B Change	
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ne record spect The 90th day	fies a delayed eff after the record	ective date, but n is filed.	ot an effective ti	me, at 12:01 a.i	m, on the earli	er of:
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Dated	トラケ	,	·			
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To:

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Typed or printed name of signee

Filing Fee: \$25.00