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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
GULF CO	DAST TOBACCO LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEXANDER DIRAMIO		
		Name of Person	
	13491 ROMFORD AVE	Firm/Company	
	PORT CHARLOTTE, FL	Address	
	XANDERD047@GMAIL.	City/State and Zip Code COM to be used for future annual report no	
For further information	concerning this matter, please co	·	Sincation)
ALEXANDER DIRAM	Ю	941 268-6612	
Name	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	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)
MAII	LING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section

TO:

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF COAST TOBACCO LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on o</mark> Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number L18000124339	Liability Company	were filed on 05/17/2	018	and ass	igned
This amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name	of the limited liab	ility company here:			
NITRO ICE CREAM LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ntion "LLC" or the abl	oreviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13491 ROMFORD AVE PORT CHARLOTTE, FL 33981			
Mailing address MAY BE A POST OFFICE	E BOX)	PORT CHARLOTTE, FL 33981			
B. If amending the registered agent and registered agent and/or the new registered or	d/or registered o office address her	ffice address on our	records, enter	2018 AUM 27	مينو
Name of New Registered Agent:	ALEXANDER	DIRAMIO	بر عجور	유용	0
New Registered Office Address:				08	-
		<del></del> - •		204	
	PORT CHAR		, Florida <u><sup>339</sup></u>		
		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 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>	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			☐ Change
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			SE Change
			SECRETARY OF STATE Phange
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and c	annot be prior to	o date of filing or	more than 90 day		
If the date inserted in this block does not me iment's effective date on the Department of Sta		ble statutory fil	mg requirement	is, this date will no	t be list
•					
ecord specifies a delayed effective da	ite, but not	an effective	time, at 12	:01 a.m. on the	e earlie
ne 90th day after the record is filed.					
d AUGUST 22ND	2018				
d		<u> </u>			
All made	A Dance				
			ve of a member		

Page 3 of 3

Filing Fee: \$25.00