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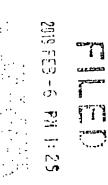
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COVER LETTER

Division of Co	rporations				
	VINTAGE TEA, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.			
Please return all corresp	ondence concerning this matter (to the following:			
	Tania A Henson				
		Name of Person			
	TANIA'S VINTAGE TEA, LL	.c			
		Firm/Company			
	217 S Alcaniz Street				
		Address			
	Pensacola, FL 32502				
	taniavintagetea@yahoo.com	City/State and Zip Code			_
	E-mail address: (t	o be used for future annual report notification	on)	. 2	
For further information	concerning this matter, please ca	dł:		100 623 711	
Tania A Henson		850 396-3732		5 B	eguude gruperi
	of Person		ephone Number		
Enclosed is a check for	-			<u> </u>	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified Co (additional co)	of Status &	

MAILING ADDRESS: Registration Section

Registration Section

TO:

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

TANIA'S VINTAGE TEA, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on August 09, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
THE OLDE ENGLISH CREAMERY, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	221 E Zaragoza Street			
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32502			
Enter new mailing address, if applicable:	217 S Alcaniz Street			
(Mailing address MAY BE A POST OFFICE BOX)	Pensacola, FL 32502			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address	the name of the n		
	, Florida	Zin 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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> _□ Add _□ Remove ☐ Change _ 🗆 Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add --- □ Remove ___ Change ____ □ Add __□ Remove _□ Change □ Add ☐ Remove _□ Change

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ffective date, if other that an effective date is listed, the date	n the date of t ite must be specifi	iling: c and cannot be	prior to date of f	iling or more than	(optiona 30 davs after filir	I) ig.) Pursuant to 60:	5.020
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ocument's effective date on	the Department	of State's rec	ords.				
e record specifies a de			t not an effe	ective time, a	t 12:01 a.m	. on the earli	er o
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Typed or printed name of signee

Filing Fee: \$25.00