Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

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

Email Address: 50 les @ eloenterpeises.us

121 AUG -

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLICE CREAM COMPANY, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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4

SLICE CREAM COMPANY, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/07/2018	and assigned
Florida document number L18000190958		2021 SEC TALL
This amendment is submitted to amend the following:	-	77 AUG
A. If amending name, enter the new name of the limit	ed liability company here:	2
N/A	•	·
The new name must be distinguishable and contain the words "Limit	ec Liability Company," the designation "LL	
Enter new principal offices address, if applicable:	N/A .	5 5 3
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	r the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:		
4	Enter Florida street addr	ess
		Florida
	Clty	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.

08/02/2021 17:45 (FAX) P.003/004

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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

Title	Name	Address	Type of Action
MGR	MATUCK, FABIO	13001 SW 63RD AVE PINECREST, FL 33156	□Add
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amending any other information, enter change(s) here: (Atta N/A	, y	,	
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cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 90th	ı day after t
is incu.			
JULY, 23 2021			
ited,			

Typed or printed name of signee