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COVER LETTER

TO:				
CUD IE	Fry Cream	, LLC		
SUBJEC	,l:	Name of Lim	ited Liability Company	
The encl	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Janelle Augustin Name of Person Firm/Company 5007 N Hiatus Road Address Sunrise, FL 33351 City/State and Zip Code janelle@nellysfriedcreamery.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: a Augustin 954 Area Code Daytime Telephone Number			
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Janelle Augustin		
			Name of Person	
			Firm/Company	
		5007 N Hiatus Road		
		Sunrise, FL 33351	Address	
		janelle@nellysfriedcream		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
Janelle	Augustin			
	Name of	f Person		Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$ 25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fry Cream LLC			
(<u>Name of the Limited Liabllity Compa</u> (A Florida Limited	inv as it now appears on our records.)		
(A Florida Limited)	ny as it now appears on our records.) Liability Company)		
	08/14/2018		
he Articles of Organization for this Limited Liability Company			
lorida document number L18000194060	P 1		
his amendment is submitted to amend the following:	\mathcal{L}		
A. If amending name, enter the new name of the limited liab			
Nelly's Fried Creamery LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5007 N Hiatus Road		
Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351		
Trincipui office auaress MOST BE A STREET ADDRESS			
	4704 NIM OOK Tarras Ala's D		
Enter new mailing address, if applicable:	1761 NW 96th Terrace Unit D Pembroke Pines, FL 33024		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the ne		
egistered agent and/or the new registered office address her			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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>	<u>Address</u>	Type of Action
	Gabriel Augustin	1761 NW 96th Terrace Unit D	
MGR			□ Add
		Pembroke Pines, FL 33024	
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	August 24th, 2018		
T1 66	August 24th, 2018 tive date, if other than the date of filing:(optional)		
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(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
(If an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.		
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Page 3 of 3

Filing Fee: \$25.00