L18000 207416

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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S. YOUNG

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: ICE CUST	FARD AGR LLC		
	Name of Limited Liability Company		
The enclosed Articles of A	mendment and fee(s) are submitted for filing.		
Please return all correspond	dence concerning this matter to the following:		
•	NATHAN ZELIKOVITZ		
	Name of Person		
FLORIDA FROZEN TREAT SERVICES LLC			
	Firm/Company		
	18 GARFIELD ST		
	Address		
	LAKEWOOD, NJ 08701		
	City/State and Zip Code		
	nate@floridatreat.com		
	E-mail address: (to be used for future annual report notification)		
For further information con	ncerning this matter, please call:		
NATHAN ZELIKOVITZ	347 400-4476		
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability)	Company as it now appears on our records)	
(A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000207416	npany were filed on AUGUST 29, 2018	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
ICE CUSTARD NORTH BEACH LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	and the same of th
Enter new principal offices address, if applicable:		9
Principal office address MUST BE A STREET ADDRE	SS)	8 1
		SS. F -7.
		里 3
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		09 10 A
		·
B. If amending the registered agent and/or register registered agent and/or the new registered office address		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	ła
	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
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• -	,
	· · · · · · · · · · · · · · · · · · ·
(If an effective <u>Note:</u> If the	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: n day after the record is filed.
Dated F	26=very 11.2019.
-	Signature of a member or authorized representative of a member
-	Nathan Zalikovitz Typed or printed name of signee

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Filing Fee: \$25.00