# 118000210283

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

TO: Registration Se Division of Cor					
The Consci	ous Creamery				
Souther.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JoAnn Matchin				
		Name of Person			
	Plant Love Ice Cream				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	953 Central Avenue				
		Address			
	Saint Petersburg, FL 3370:	5			
		City/State and Zip Code		~ 2	
	plantloveicecream@gmail.c	com to be used for future annual report notifica	tion	2018 OCT	
For further information c	oncerning this matter, please ca	·	шоп	33	-
JoAnn Matchin		704 776-2555 at ()			
Name o	f Person	Area Code Daytime To	elephone Number	<u>ښ</u> ښون ښون	۰۰۰۰
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Conscious Creamery, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000210283	were filed on 09/04/2018	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:	
Plant Love Ice Cream, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	953 Central Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33705	
Enter new mailing address, if applicable:	953 Central Avenue Saint Petersburg, FL 33705	299
(Mailing address MAY BE A POST OFFICE BOX)	Saint Telefsburg, 11, 33703	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flori	Ida 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			☐ Change
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	the specific and cannot be prior to date of fill book does not meet the applicable statuto	(optional) ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be li	
ecord specifies a delayed ne 90th day after the reco		ctive time, at 12:01 a.m. on the ear	lie
October 15	2018		
0 1 5	Matchin Signature of a member or authorized repres		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00