

L190000 18146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

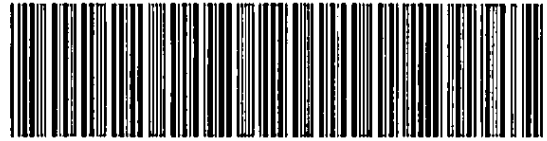
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400349375464

08/03/20--01013--012 \*\*25.00

FILED  
2020 AUG -3 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 2 0 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dairy Rich creamery LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arielle Troiano  
Name of Person

Dairy Rich creamery  
Firm/Company

3109 Alternate 19  
Address

Palm Harbor, FL. 34683  
City/State and Zip Code

dairyrichcreamery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arielle Troiano at ( 727 ) 488-6866  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dairy Rich Creamery LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Jan 16, 2019 and assigned Florida document number L19000018146.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

n/a

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

FILED  
2020 AUG -3 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

n/a

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.*

n/a

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>	<u>Type of Action</u>
MGR	Salvatore Troiano JR.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Salvatore Troiano		<input checked="" type="checkbox"/> Change
MGR	Tiffany Troiano		<input type="checkbox"/> Add
	Tiffany Troiano		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2020 AUG 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

mla

FILED  
2020 AUG - 3 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated May 20, 2020

Signature of member or authorized person

Signature of a member or authorized representative of a member

Arielle Troiano

Typed or printed name of signee