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## **COVER LETTER**

Division of Corporations
SUBJECT: 5 WERT 5000 CE CREAM PARLORLIC 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:
WILLY WALKER Name of Person
Name of Person
SWERT SCOOPS CE CREAM PARLOR LLC
7912 NW 74TH AV.
Address
TAMARAC, FL. 33321  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLY WALICEL at (954) 899 - 5427  Name of Person Area Code Daytime Telephone Number
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 & Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET SCOOPS	ICE C	PRAM	PARLOR	LLC		
(Name of the Limited I	Liability Compar Florida Limited L	ny as it now ar	pears on our reco	rds.)		
The Articles of Organization for this Limited Liabi		were filed or	04/11	12019	and assi	gned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity compan	<u>v here</u> :			
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company,"	the designation "LI	LC" or the abb	eyiation "L.L	C."
Enter new principal offices address, if applicabl	le:			)	.c	
(Principal office address MUST BE A STREET)	(ADDRESS)				: <b>조</b> 않는 <u>1</u>	
			· <u>·····</u>	· · · · · · · · · · · · · · · · · · ·		<del>M</del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)					<u>SP</u> C∷⊓ <b>ce</b>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of		on our recor	ds, <u>enter th</u>	ie name o	of the new
		•				
Name of New Registered Agent:						
New Registered Office Address:						
		Enter	Florida street addr	esr		
-	<del>-</del>	City	, I	Florida	7in Code	
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## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TAMARAC, FL. 3332	1 □ Remove
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Filing Fee: \$25.00