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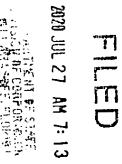
(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ime)
(Document Number	')
Certified Copies Certificate	es of Status
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SEP 1 6 2020 S. YOUNG

COVER LETTER

Division of Co	orporations		·
SUBJECT: ICE S	CREAM, LLC		
		mited Liability Company	·
The anclosed Assistant	6 A 3 C - 4 S		
	of Amendment and fee(s) are su	·	
Please return all corresp	condence concerning this matte	r to the following:	
	Processing Departme	ent	
		Name of Person	
		E. C.	
	•	Firm/Company	
•	5605 Riggins Court	Suite 200	
		Address	
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.com		•
	E-mail address:	to be used for future annual report noul	ication)
For further information of	concerning this matter, please c	all:	
Processing Departm	ent of Person	at (800) 638-2320	
зчать с	or Person	Area Code Dayume	Telephone Number
Enclosed is a check for the	he following amount:		
回 \$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:

TO:

Registration Section -

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

	S CREAM, LLC	T T
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our recommitted Liability Company)	ords.)
		7
The Articles of Organization for this Limited Liability Con-	pany were filed on November	8, 2019 and assigned
Florida document number L19000279243		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the mad at		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
DEMINOST OF FICE INVA	<u></u>	
B. If amending the registered agent and/or registered	vi affina addusee ee	
registered agent and/or the new registered office address	bere:	ds, enter the name of the new
-	- 	
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street addre	ess
	_	
	Ciry F	lorida
lew Registered Agent's Signature if sharping the later to	,	24 Cine

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 omorphing Andless are	• • •		
in amending Aumorized Person(s) anthori-	rod to many and a second		
If amending Authorized Person(s) authoricorrender or removed from our records:	zeu to manage, enter the title now	no and alt o	
Of removed from our records.	and and the nate wall	ne, and address of each person	being added
THE TEXT TO VIT OUT TECTOR (I);			denie annen

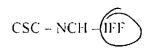
MGR = Manager AMBR = Authorized Member

Title	Name		Address	Type of Action
MGR	Angela Gonzalez	_	719 Hunter Rd	
•		-		□ Add
			Hollister, FL 32147	Remove
				☐ Change
·		_		[Add
				Remove
				Change
		-		
				Remove
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				□ Remove
		-		D Change
		-		□ Add
•				□ Remove
		-		Change

(Attach additional sheets, if necessary.)
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(optional)
The street of th
document's effective date on the Department of Department
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated
Dated MON. 13. TULY 2020.
Signature of a member or authorized representative of a member
Rogelio Gonzalez
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters. Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Wednesday, July 15, 2020

SENT VLA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment to Articles of Organization

For ICE S CREAM, LLC

We have included payment in the amount of \$25.00 for the following fees:

Amendment

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 5605 Riggins Court Suite 200 Reno NV 89502