L19000283607

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SECRETARY OF STATES

COVER LETTER

TO:

Registration Section
Division of Corporations

CHD IPCT.	Ice Cream, LLC	·	а			
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Jessica Hernandez					
		Name of Person				
	Wanderlust Ice Cream, LL	С				
	Firm/Company					
	1431 Rail Head Blvd #1					
Address						
	Naples, Fl 34103					
		City/State and Zip Code				
	fernwehicecream@gmail.co	m				
	E-mail address: (to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please ca	all:				
Jessica Hernandez		239 234-0165				
Name of Person			Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 1-7 AM 9: 50

Wanderlust Ice Cream, LLC

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

TALLAHASSEE, F1

The Articles of Organization for this Limited Liability Company were filed on November 14, 201	9 and assigned	
Florida document number <u>L19000283607</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Fernweh Ice Cream, LLC		
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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter	the name of the new registe	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
Flo		
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 fur	ether garee to comply with	
r nereby accept the appointment as registered agent and agree to act in this capacity. I fur provisions of all statutes relative to the proper and complete performance of my duties, an	• •	

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change
			Remove
			☐ Change
			□Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change

Typed or printed name of signee

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