LZO 000242378

(Requestor's Name) (Address)	
(Address)	100353334821
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	10/13/2001030005 **25.00
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COVER LETTER

TO: Registration S Division of Co			
	CREAM MACHINE LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JAMES PATRICK BUCK	LEY JR	
		Name of Person	
	THE ICE CREAM MACH	IINE LLC	
		Firm/Company	
	1245 HUNTINGTON RIE	OGE ROAD	
		Address	
	LYNN HAVEN, FL 3244	4	
		City/State and Zip Code	
	the.ice.cream.machine850@		
For further information	concerning this matter, please c	to be used for future annual report noti all:	incation)
JAMES PATRICK BU	CKLEY JR	850 381-1244 at ()	
Name	of Person	Area Code Daytim	e 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	l'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	202
		7920 OCT
THE ICE CREAM MACHINE LLC		A STATE OF STREET
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	ω
The Articles of Organization for this Limited Liability Con	npany were filed on 8/10/2020	andassigned
Florida document number 1.20000242378		21
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	ta
	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 jurther 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 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>	Address	Type of Action
AMBR	CALEB EDWARD BUCKLEY	1245 HUNTINGTON RIDGE ROAD	□Add
		LYNN HAVEN, FLORIDA 32444	■Remove
			□Add
			□ Remove
			□Change
			□Add
			🗆 Remove
			□Add
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			Change
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			□Remove
			Change
			□Add
			□ Remove
			□ Change

,	
E. Effect	ive date, if other than the date of filing: (optional)
(If an ef	ective 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
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	on a street of the population of state a records.
f tha raca	d 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
cord is fi	ed.
D	OCTOBER 8th, 2020 12:01 a.m.
Dated	

Typed or printed name of signee