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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corp	orations		
SUBJECT: SOU	HN Beach VIV.	162 ICCCTEAM LU	- C
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Μ.		
	Andre	Eubanks Name of Person	
	,_1,_1	Name of Person	
	South Be	Each VIDEZ ICE	cream LLC
	5620 Blue	berry ct	
	Laude (h.	City/State and Zip Code OF UDYNES 13 @ Good to be used for future annual report notific	mail·com
Kur further information on	neerning this matter, please ea		taum
Andre // Eur	Person	at (954) 715 · 5 Area Code Daytime	2449 Telephone Number
Enclosed is a check for the	c following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on $8 19 2$	O Q O and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
		: 20
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation—L.L.C."
Enter new principal offices address, if applicable:		大,是一
(Principal office address MUST BE A STREET ADD	RFSS)	12
		P 1
		f: 34
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	?\$\$
	. F	lorida
	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.

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
MGR	Andre, Andre m	5620 Blueberry CT	
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AMBR	Andre Eubanks	5620 Blueberry CT	_ Twod
		(auderhill, F133313	
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an ei ote:	ive date, if other than the date of filing: [coptional] [coptional]
reco l is f	rd 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 ded.
ated	January 2021 Anglie Merbents
	Signature of a member or authorized representative of a member A-noire Eubanrs
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Filing Fee: \$25.00