

L21000039459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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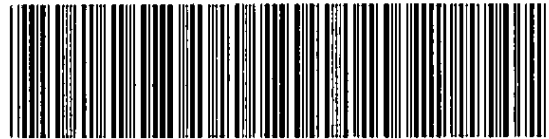
(Business Entity Name)

(Document Number)

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2024 JUL 26 PM 7:37

7/30/2024

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Frozen in Time Gourmet Ice Cream LLC

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.

Shelley A Martin

Name of Person

Firm/Company

5535 Berlin Drive

Address

Port Richey FL 34668

City/State and Zip Code

shellmar247@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley A Martin

727 277-2631  
at ( )

Name of Person

Area Code

Daytime 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)

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

**FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS**

**COVER LETTER**

Shelley A Martin  
5535 Berlin Drive  
Port Richey Fl. 34668

Cell # 727-277-2631

E-Mail – shellmar247@gmail.com

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Frozen in Time Gourmet Ice Cream LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~  
(A Florida Limited Liability Company)

2024 JUL 26 AM 7:37

The Articles of Organization for this Limited Liability Company were filed on 01/20/2021 and assigned  
Florida document number 121000039459

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

5535 Berlin Drive

(Principal office address MUST BE A STREET ADDRESS)

Port Richey Fl. 34668

Enter new mailing address, if applicable:

5535 Berlin Drive

(Mailing address MAY BE A POST OFFICE BOX)

Port Richey Fl. 34668

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shelley A Martin

New Registered Office Address:

5535 Berlin Drive

Enter Florida street address

Port Richey

Florida 34668

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.*

Shelley A Martin

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mildrid Ann Kwasniewski	6025 N Petunia Terrace	<input type="checkbox"/> Add
		Beverly Hills Fl. 34465	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shelley A. Martin	5535 Berlin Drive	<input checked="" type="checkbox"/> Add
		Port Richey Fl. 34668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 23rd 2024

**Mildred Ann Kwasniewski**

**Filing Fee: \$25.00**