

121000136696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

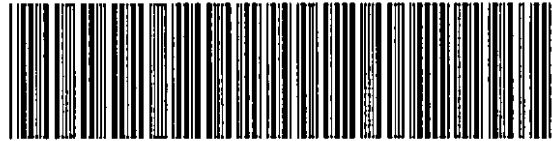
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JUDICIAL DISTRICT OF ST. LOUIS

Y. SCOTT
DEC - 4 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKOOLIE 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:

CAIO SCARBOROUGH

Name of Person

SEVEN PRO SERVICES LLC

Firm/Company

8131 VINELAND AVE #123

Address

ORLANDO, FL 32821

City/State and Zip Code

hello@sevenproservices.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

CAIO SCARBOROUGH

407 881-3954
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

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>
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
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N/A	N/A	N/A	<input type="checkbox"/> Add
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		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
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		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

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STATE OF NEW YORK
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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CLERK OF SUPERIOR COURT
STATE OF NEW YORK

E. Effective date, if other than the date of filing: 11/15/2021 (optional)

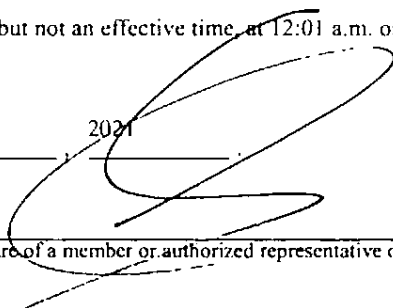
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 NOVEMBER 13

2021



Signature of a member or authorized representative of a member

CAIO SCARBOROUGH

Typed or printed name of signee

Filing Fee: \$25.00