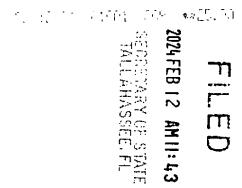
L21000221353

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Contined dopies
Special Instructions to Filing Officer:

Office Use Only



400419576364



2024 FEB 12 AM IN: 83

TESEIVED

AD

COVER LETTER

TO: Registration Se Division of Co.			
Slush Yo'? SUBJECT:	Mouth LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concurning this matter	to the following:	
	Rashaun Kelly		
		Name of Person	
	Kelly-Bush Enterprise		
		Firm/Company	
	1985 Laurel street		
		Address	·
	Bartow, FL 33830		
		City/State and Zip Code	
	lilshish91 @gmail.com		
For further information e	oncerning th s matter, please c	to be used for future annual report no all:	offication)
Rashaun Kelly		863 409-1446	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following (mount:		
■ \$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 Addres Registration 5		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slush Yo Mouth LLC		
(<u>Nanse of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison $\frac{1.21000221353}{1.21000221353}$	y were filed on 02/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Design A Slush/Slush Yo' Mouth LLC		
The new name must be distinguishable an I contain the words "Limited Lia	bility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS ₁		2024 F
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILED FEB 12 AHII: 43 ILL WHASSEE, FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office A Idress:	Enter Florida street ada	lress
		Florida
	·	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 wr ting 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
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			Change
.			□Add
			□Remove
			□Add
			□Remove
			□Change

Dated	R	of a member or ac	orized represental	ive of a member		_
ne record specifies a delayeord is filed. Feburary 11	d effect ve date, bu	t not an effective 2024	e time, at 12:01 a.	n, on the earlier of:	(b) The 90th day	after the
Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	in this block does	not meet the app	licable statutory f	(o] r more than 90 days a ling requirements.	otional) iter filing.) Pursuant to this date will not be) 605.0207 (Histed as t
						
						_
						

Filing Fee: \$25.00