

L21000225161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

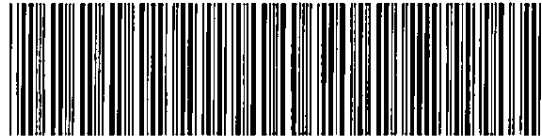
(Business Entity Name)

(Document Number)

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11/13/25--01044--023 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY ISLAND 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:

ANTHONY PIERCE

Name of Person

Firm/Company

110 S. COURTENAY PARKWAY, SUITE 1

Address

MERRITT ISLAND, FLORIDA 32952

City/State and Zip Code

pierce_a21@yahoo.com

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

For further information concerning this matter, please call:

ANTHONY PIERCE

210 542-6441

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 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> |
|--------------|------------------|---------------------------------|--|
| MGR | MICAH G. SAVELL | 110 S. COURTENAY PKWY., SUITE 1 | <input type="checkbox"/> Add |
| | | MERRITT ISLAND, FLORIDA 32952 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SHARON L. SAVELL | 110 S. COURTENAY PKWY., SUITE 1 | <input type="checkbox"/> Add |
| | | MERRITT ISLAND, FLORIDA 32952 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANTHONY PIERCE | 110 S. COURTENAY PKWY., SUITE 1 | <input checked="" type="checkbox"/> Add |
| | | MERRITT ISLAND, FLORIDA 32952 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ERIN PIERCE | 110 S. COURTENAY PKWY., SUITE 1 | <input checked="" type="checkbox"/> Add |
| | | MERRITT ISLAND, FLORIDA 32952 | <input type="checkbox"/> Remove |
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[illegible]

(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 11, 2023

DocuSigned by:

 A13CA/0728/2388

Signature of a member or authorized representative of a member

ANTHONY PIERCE

Typed or printed name of signee

Filing Fee: \$25.00