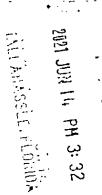
LZI 000257448

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





600367924756



Address:

Stacy-Ann King

411 NE 33rd Street

Oakland Park, FL 33334

Phone Number:

954-214-1772

COVER LETTER

Registration Section

Division of Corporations

TO:

	reamery, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stacy-Ann King		
		Name of Person	
	Milk-ish Creamery, LLC		
		Firm/Company	
		Address	
		City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Stacy-Ann King		954 214-1772 at ()	ne Telephone Number
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000257448		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.IC."		
Enter new principal offices address, if applicable:	1326 E Commerical Blvd # 102	20		
(Principal office address MUST BE A STREET ADDRESS)	Oakland Park, FL 33334	29		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office:	P.O. Box 24362 Fort Lauderdale, FL 33307 address on our records, enter	the name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, F IC	ภาคม		
	Ciņ [,]	Zip Code		

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 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>	Name	<u>Address</u>	Type of Action
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		a	□Remove
			□ Change
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