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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: LAV	ÍSH ICU CZ Name of Lin	EAM AOII, LCC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Bia.	Name of Person		
		Firm/Company	202	
	500 5. AUS+	Address Suite	2021 JUN 25 PH 1: 27	-
	west P	Alm DEACH EC 3. City/State and Zip Code	340) SE P	
	RAWBOSS 20 E-mail address: (IY@gmail Com to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please c	all:		
BIAL (A M	1 ci) A Niel Person	at (305) 305 Area Code Daytin	2 2 9 y ne Telephone Number	
Enclosed is a check for th	ne following amount:			
∇ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se		
Division of C		Division of Co	- -	
P.O. Box 632 Tallahassee, I		The Centre of ' 2415 N. Monro	rananassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICE CREAM ROLL LLC

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered.	(Name of the Limit	(A Florida Limited Liability	Company)	<u>-(18.)</u>	
A. If amending name, enter the new name of the limited liability company here: [AVISA ROME TEECREAN LLC] The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent Big Sale Registered office Address			iled on Tuv∈ /	8,302/ and	dassigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Enter Florida street address	This amendment is submitted to amend the following	owing:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of	the limited liability co	ompany here:		
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New Registered Office Address: Enter Florida street address	Q* - O* - O*	• 7	s on our records, <u>ente</u>	r the name of the	new registered
Enter Florida street address	Name of New Registered Agent:	BIANCA N.	MCI)ANIE/ (Sq	ine)	
, Florida	New Registered Office Address:		Enter Florida street addre	288	
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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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBD = Authorized Member		
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AMRD = Authorized Member	MGR - Manager	
	AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00