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

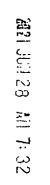
Office Use Only

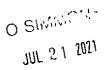


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## **COVER LETTER**

LLC

TO: Registration Section Division of Corporations	
SUBJECT: Shaved I Name of Limited Liabr	Ce of Riverview
The enclosed Articles of Amendment and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this matter to the fol	lowing:
Kimberly	T. Nieto Tovar
Fi	rm/Company
12711 Lovers LN	Address
Riverview F City/St Pritery 682 E-mail address: (to be used	12 33579  ate and Zip Code  On ail, Com  for future annual report notification)
For further information concerning this matter, please call:	
Kimberly Nieto a	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	5.00 Filing Fee &  certified Copy dditional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address: Description Section	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Shaved Ice OF Riverview, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 06-21-2021 and assigned Florida document number $\frac{210000 - 1}{210000}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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, enter the title, name, and address of each person being added or removed from our records:

AMBR = Au	nager ithorized Member		2221	
<u>Title</u>	<u>Name</u>	<u>Address</u>	28 AH 7:32	Type of Action
AMBR	Kimberly Tationa Nieto Tovar	127//	Lovers LN view FL 335	ZJAdd
	Nieto Tovar	River	view FL 335	79 □Remove
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Note: 11	f the date ins	ther than the ted, the date mu erted in this b date on the E	lock does no	t meet the	applicable	ate of filing statutory	or more than filing requi	90 days :	<b>ptiona</b> ther film this da	ig ) Pursuan	t to 605 0207 be listed as t
e record d is file	-	elayed effection	ve date, but r	not an effe	ctive time,	at 12:01 a	m, on the	earlier of	î (b) - '	The 90th da	ay after the
Dated _	06-	24	XIV Nic		021						
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