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COVER LETTER

Division of Co	rporations		
Strong Isla	nd Ice cream & Smoothies LLC	•	
SUBJECT:	Name of Lim	itud Liability Compony	
	Name of Lim	ned Liability Company	
	• • • • • • • • • • • • • • • • • • • •	unite of five filling	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Scott Emmette		
	-10.7	Name of Person	
		Firm/Company	
	786 Davidson St SE	,	
		Address	· · · · · · · · · · · · · · · · · · ·
	Palm Bay Florida, 32909		
	StrongIslandIceCream@gm	City/State and Zip Code ail.com	···-
	E-mail address: (to be used for future annual report no	tification)
For further information (concerning this matter, please c	all:	
Scott Emmette		865 805-6566	
		at ()	me Telephone Number
Name o	of Person	Area Code Daytii	me 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 Addre		Street Address:	
Registration Division of (Registration S Division of Co	
DIVISION OF C	Porhoranona	Division of CC	rporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed onand assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Strong Island Ice Cream LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	786 DAVIDSON ST SE Palm Bay Fl 32909	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	786 DAVIDSON ST SE Palm Bay Fl 32909	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new re	
New Registered Office Address:	Enter Florida street address	
	Th	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	

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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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			□Remove
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(If an effe Note:	ve date, if other than the date of filing:
	1 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
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