## LA1000474138

(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:





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July 18, 2023

JANICE FIGUEROA RIOS 6776 MONTEGO BAY BLVD, UNIT B BOCA RATON, FL 33433

SUBJECT: CREMEUSE HELADERIA, LLC

Ref. Number: L21000474128

We have received your document for CREMEUSE HELADERIA, LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thank you! hoverva Dios

Morgan E Lovett Regulatory Specialist II

Letter Number: 523A00015908

SEP 1 1 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cremeuse Helade	da 11.C.
Subject: Crewed Se Moddoes	Liability Company
The enclosed Articles of Amendment and (ee(s) are submit	ted for filing.
Flease return all correspondence concerning this matter to t	he following.
Janice	L. Figueroa Rús
<u>Cremeus</u>	e Heladeria, LLC Firm/Company
6776 Montego	Pay Glad With
Boxa Raton	City/State and Zip Code
Cremeuse he E-mail address: (to )	City/State and Zip Code  Pladeria Qual Com  be used for future annual report notification)
*For further information concerning this matter, please call:	
Janice L. Figuerra Riss	at (197) 342 - 6845 Area Code Daytime Telephone Number
	. · · · ·
Enclosed is a check for the following amount.	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cremence Helade. (Name of the Limited Liabil) (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C			and assig	med
Fronda document number <u>L21000474128</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abb	reviation "L.L.	<u></u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		· · · · · · ·		<del></del>
P. J. Harris of analysished				
Enter new mailing address, if applicable:		•		·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		ળુ	20.5
		·	75	<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, <u>enter the name</u>	of the new	rēgistere
			•	IŢ.
Name of New Registered Agent:			<del>-</del> .	 
New Registered Office Address:			그될	00
New Registered Office Ayrifess.	Enter Florida s	ireet address	<u>* 111</u>	
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and	t and agree to act in this cape complete performance of my	icity. I further agr duties, and I am fo	ee to comply uniliar with	y with the and
accept the obligations of my position as registered of	agent as provided for in Chap	oter 605, F.S. Or, (	if this docum	ient 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>	<u>Name</u>	Address	Type of Action
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			C.Add
			□Remove
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ive date, if other than the ective date is listed, the date in If the date inserted in this lent's effective date on the	plock does not meet the ap	plicable statutory	filing requirement	optional) s after filing.) Pursuant to s, this date will not be
d specifies a delayed effect	ive date, but not an effecti	ve time, at 12:01	i.m. on the earlier o	of: (b) The 90th day
specifies a delayed effect	ive date, but not an effecti	ve time, at 12:01	i.m. on the earlier o	of: (b) The 90th day

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00