

K22000180395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

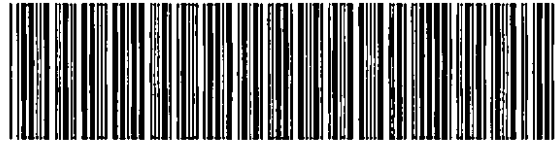
(Business Entity Name)

(Document Number)

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05/23/22--01023--006 **25.00

FILED
2022 MAY 23 PM 12:06
STATE OF NEW YORK
1001 NASSAU ST
ALBANY, NY 12242

Amend

JUN 08 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLY FOX CREAMLRY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICKI TAYLOR

Name of Person

GEM INSURANCE LLC

Firm Company

4131 SOUTHSIDE BLVD STE 109

Address

JACKSONVILLE, FL 32216

City State and Zip Code

VICKI@GEM1.NET

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKI TAYLOR

904

724-3854

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
2022 MAY 23 PM 12:06
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SLY FOX CREAMERY 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 4/14/22

Florida document number 122000180395

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)

570 HOPKINS ST

NEPTUNE BEACH, FL 32266

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

570 HOPKINS ST

NEPTUNE BEACH, FL 32266

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:

570 HOPKINS ST

Enter Florida street address

NEPTUNE BEACH

Florida

32266

City

Zip Code

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:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Joan Main
Signature of a member or authorized representative of a member

Type of or printed name of signee

Filing Fee: \$25.00