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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Sosamene Names) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|---------------|------------------------------------|--|---|--|
| SUBJE | | AVES SOFT SERVE LLC | | |
| SUBJE | UI: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | MABEL J TURVILLE | | |
| | | · · · · · · | Name of Person | |
| | | | Firm/Company | <u> </u> |
| | | 725 NW BAYARD AVE | | |
| | | | Address | |
| | | PORT SAINT LUCIE, FL | 34983 | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifica | ntion) |
| For furth | ner information c | oncerning this matter, please c | all: | |
| MABEI | J TURVILLE | | at (| |
| | Name o | f Person | at () Area Code Daytime T | elephone Number |
| Enclose | d is a check for th | ne 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 Addres Registration S | | Street Address: Registration Section | on |

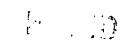
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



2022 HAY 23 AH 8: 58

MILKY WAVES SOFT SERVE LLC

company has been notified in writing of this change.

(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 C | Company were filed on $\frac{04/26/2022}{1}$ | and assigned |
|--|--|---------------------------------------|
| Florida document number <u>L22000197970</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | <u> </u> | |
| | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | City | , Florida |
| New Registered Agent's Signature, if changing Registered | ŕ | гр хөш |
| Thereby accept the appointment as registered agent | | v. I further garee to comply with the |
| provisions of all statutes relative to the proper and c | | |

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

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 |
|--------------|------------------|----------------------------|-----------------|
| AMBR | MABEL J TURVILLE | 725 NW BAYARD AVE | |
| | | PORT SAINT LUCIE, FL 34983 | □Remove |
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| ffective date, if other than the an effective date is listed, the date must be a listed. If the date inserted in this bocument's effective date on the D | st be specific and ca ock does not mee | annot be prior to et the applicat | date of filing or mole statutory filin | ore than 90 days after g requirements, this | filing.) Pursuant to 60 | 5.0207 ted as |
| record specifies a delayed effective | e date, but not ar | ı effective tim | e, at 12:01 a.m. | on the earlier of: (b |) The 90th day afo | er the |
| l is filed. | | | | | | |
| | · | 2022 | _ · | | | |
| t is filed. Hat 19 MAY 19 Malul J | June 6 | 2022 | <u>.</u> · | | | |

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Filing Fee: \$25.00