<u>L22000 307 492</u>

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COVER LETTER

TO: Registration Se Division of Cor			
THE MILK	SHAKE FACTORY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIANA MERLIN		
		Name of Person	
	THE MILKSHAKE FACT	TORY, LLC	
		Firm/Company	
	1020 GOLDEN DAWN L	ООР	
		Address	
	MINNEOLA, FL 34715		
		City/State and Zip Code	
	MARIANAMERLIN@HO	TMAIL.COM to be used for future annual report r	actification)
For further information of	oncerning this matter, please c		Militarion
MARIANA MERLIN		786 541-6055	;
Name o	f Person	Area Code Day	nime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration		Street Address Registration	
Division of C		Division of C	Corporations
P.O. Box 632			of Tallahassee nroe Street, Suite 810
Tallahassee,	FL 32314	2415 N. MOI	noe succi, saile 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L22000307492}{L22000307492}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DESIGNER'S SPOT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		Z
Enter new mailing address, if applicable:		PH IZ: 3:
(Mailing address MAY BE A POST OFFICE BOX)		ST. S.
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records	
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	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:

or remove	red from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		<u></u>	□Add
			□ Remove
			□ Change
			□Add
			Remove
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	ive date, if other than the date of filing: (optional)
Effect	fective 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
If an eff	If the date incorted in this blook does not meet the applicable statutory filing requirements, this date will not be listed as
If an cfl Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
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If an eff Note: docum the record ord is fi	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In 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 led. AUGUST 17th 2023
If an eff Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.

Filing Fee: \$25.00