

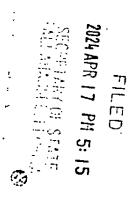
(Requestor's Name)
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PICK-UP WAIT MAIL
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04/17/24--01007--015 **25.00



COVER LETTER

	gistration Servision of Corp			
SUBJECT:	Owl's Tradi	ng LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Luke Baptiste		
			Name of Person	
		Prime Corporate Services		
			Firm/Company	
		527 Cambridge Circle		
		-	Address	· · ·
		South Daytona, FL 32119		
			City/State and Zip Code	
		llesupport@primecorporate.	services.com to be used for future annual report notifi	
Can further	information a	·	·	(cation)
Luke Bapti		oncerning this matter, please ca	855 577-4639	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Owl's Trading LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 9/16/2022	and assigned
Florida document number L22000405750		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Shaka Shaved Ice LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		PR APR
		PR T
Enter new mailing address, if applicable:	,	
• • • •	;	1
(Mailing address MAY BE A POST OFFICE BOX)		्र स
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of	**	· 👧 · *
is. It amending the registered agent and/or registered of registered agent and/or the new registered office address her	mee address on our records, e:	enter the name of the no
	-	
Name of New Paristand Agent		
Name of New Registered Agent:		 -
New Registered Office Address:		
	Enter Florida street address	
		rida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

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. Effectiv	e date, if other than the date of filing: (optional)
Note: 1	tive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	V
	Clinton Cole Phillips

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Typed or printed name of signee

Filing Fee: \$25.00