

# L23000153079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12/4/23*

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STATE  
TALLAHASSEE, FL

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# COVER LETTER

Registration Section  
Division of Corporations

**SUBJECT:** FL Fun Freeze LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taylor Lascola  
Name of Person

FL Fun Freeze LLC  
Firm/Company

6001 Deer Run  
Address

Fort Myers, FL, 33908  
City/State and Zip Code

flfunfreeze@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kory McManus at (303) 981-8388  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FL Fun Freeze LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

3/27/2023

Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L23000153079.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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:

Kory McManus

New Registered Office Address:

6001 Deer Run

Enter Florida street address

Fort Myers

Florida

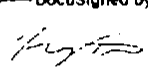
33908

City

Zip Code

By 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.

DocuSigned by:  
  
3511981B4A5946F

If Changing Registered Agent, Signature of New Registered Agent

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OFFICE OF THE CLERK  
STATE OF FLORIDA

Proposing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MR = Manager  
IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IBR	Kristin Latu		<input type="checkbox"/> Add
		3010 SE 15th PL, Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IBR	Tayler Lascola		<input type="checkbox"/> Add
		3010 SE 15th PL, Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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

Multiple horizontal lines for amending information.

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SEC. OF STATE  
TALLAHASSEE, FL

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Effective date, if other than the date of filing: 11/1/2023 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 11/1/2023

DocuSigned by:  
*Kristin Latu*

208E0F1-11726468

Signature of a member or authorized representative of a member

Kristin Latu

Typed or printed name of signee