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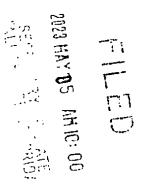
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone a	#)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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A. RIVERS
JUN 2 4 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cream Enterprise LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Delgach
Cream Enterprise UC
1031 Arbordate St
Lehigh Acres FL 33974 City/State and Zip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Chr 15-topher Delgado at (239) 851-5851 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Cartificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 92-3585240.	were filed on <u>4/19/12</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The second secon	adduses on our records onto	the name of the navy registered
agent and/or the new registered office address here:	address on our records, enter	
Name of New Registered Agent:		5
New Registered Office Address:		
	ជ	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	<u>Christopher</u> Pelgado	1031 Arbordale st	XAdd
	reigaco	lehigh Acres FL,33974	□Remove
			□Change
MGR	Chrutopher Delapab	1031 Arbordate st	XAdd
	Delgado	lehigh Acres FL, 33971	□Remove
			□Change
			🗆 Add
			□Remove
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iote: If i	date, if other than ive date is listed, the dat the date inserted in the t's effective date on the	nis block does no	t meet the applic	able statutory fili	nore than 90 days	p tional) after filing.) Pursuan , this date will not	nt to 605.0207 (be listed as t
record s	pecifies a delayed eff	fective date, but i	not an effective ti	me, at 12:01 a.m	on the earlier o	f: (b) The 90th d	ay after the
ated	April 30 Chrus Chris	Oth	, 2023	<u>.</u> .			
	Chrus	Delga	relco	orized representativ			
		Signatute of	f a member or auth	orized representativ	e of a member		