12/16/24, 8.24 AM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20189000011

: (844)386-0178

Fax Number

: (323)372-3532

of the the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

==== LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENA'S ROLLED ICE CREAM LLC

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K. SALY

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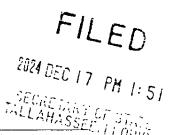
TO: Registration S Division of Co			
MENA'S	ROLLED ICE CREAM LLC		
SUBJECT:	ROLLED ICE CREAM LLC Name of Lim	ned Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm'Company	ing: of Person lompany dress ind Zip Code future annual report notification) 00 773-0888 rea Code Daytime Telephone Number Pfiling Fee & □ \$60,00 Filing Fee, Gertificate of Status & Certificate of Status &
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	ximenaavsaenz@ieloud.coi		
For further information	E-mail address: 0 concerning this matter, please or		cation)
Mike Town		800 773-0888	
Name	of Person	Area Code Davtime	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)	Certificate of Status & Certified Copy

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, F4, 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MENA'S ROLLED ICE CREAM LLC

(Name of the Limited Liability Company as it now appears on our records, fA Florida Limited Liability Company) _____ and assigned Florida document number _L23000549828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mena SC LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. 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: New Registered Office Address: Enter Florida street address

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 amendin or removed	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the ti</u>	tle, name, and address of each person being added
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	 Page: 36 of 46 	2024-12-16 15:19:21 PST	13236068205	From; Rajiv S
D. If a	mending any other informat	ion, enter change(s) here: <i>(Attach ad</i>	lditional sheets, if necessary.)	
				
				
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Note	e: If the date inserted in this blo	ck does not meet the applicable statutory.	filing requirements, this date will no	t be listed as the
doct	iment's effective date on the De	partment of State's records.		
		effective date, but not an effective	ve time, at 12:01 a.m. on the	e earlier of:
וו (ט)	ne 90th day after the reco	ru is meu.		
	12/16/2024			
Date	ed	·		
	/S/ Ximena Saer	1Z Signature of a member or authorized represent	Anna Caramatan	
	,	signature of a member of authorized represent	анус от а полиост	
	Ximena Saenz			
		Typed or printed name of sign		

Page 3 of 3

Filing Fee: \$25.00