Ta:



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)952-8600 Fax Number : (323)389-0502

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUA GELATO & COFFEE LLC

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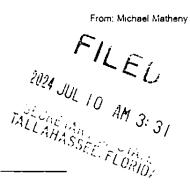
JUL 1 1 2024

## **COVER LETTER**

TO: Registration S Division of Co			
DUA GEL	ATO & COFFEE LLC		
SUBJECT:	Name of Lin	nicd Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
	GUOTOLICO CLANO	City/State and Zip Code	
	CUSTOMER EMAIL  E-mail address: (	to be used for future annual report not	dication)
For further information of	concerning this matter, please c		
Mike Town		800 773-0888 at ()	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
	ING ADDRESS:	STREET/COURI Registration Section	
Divisio	on of Corporations	Division of Corpo	
· ·	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Co Tallahassee, FL 32	

Ta:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DUA GELATO & COFFEE LLC

	( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it i a Limited Liability (	n <u>ow appears on our rec</u> Company)	ords.}
	e Articles of Organization for this Limited Liability Corida document number £24000030233	Company were fi 	led on 01/16/2024	and assigned
Thi	is amendment is submitted to amend the following:			
A.	If amending name, enter the new name of the lim	ited liability con	mpany here:	
The	new name must be distinguishable and contain the words "Lim	nited Liability Comp	eany," the designation "L	LC" or the abbreviation "L.L.C."
Ent	ter new principal offices address, if applicable:	<del></del>		
(Pri	incipal office address MUST BE A STREET ADDI	RESS)		
	1		<del>-</del>	
Ent	ter new mailing address, if applicable:			
(Ma	ailing address MAY BE A POST OFFICE BOX)			
		***************************************	<b>₩</b> 11+11	
	If amending the registered agent and/or registered agent and/or the new registered office add		ldress on our reco	rds, enter the name of the new
	Name of New Registered Agent:			
	New Registered Office Address:		* * * * * * * * * * * * * * * * * * * *	
			Enier Florida sireei add	
		Cuy		Florida Ziv 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

	from our records:		
GR = M IBR = A	anager uthorized Member		
tle	<u>Name</u>	<u>Address</u>	Type of Action
   MBR	Dardan Krasniçi		
		2484 N Federal Hwy Lighthouse Point, FL 33064	■ Remove
			□ Change
<u> </u>			O Add
			PUD Remove
			Change SS
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			Change

To:

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Filing Fee: \$25.00