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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations				
Dairy De	elights LLC				
SUBJECT:		ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Anthony J. Messina, Esq.				
	Name of Person				
	Messina Law. P.A.				
	Firm/Company				
	2550 Permit Place				
	<del> </del>	Address	· <del>·······························</del>		
	New Port Richey, FI	34655			
		City/State and Zip Code	<del></del>		
	ra@messinalawgrou	p.com to be used for future annual report not	(floation)		
n chui sanai			incation)		
For further information	concerning this matter, please c				
Anthony J. Messina		813 492-7798 at ()	8		
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se			
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		·	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dairy Delights LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compan	y were filed on 03/05/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4204 Cartnal Ave., Tampa, Fl	., Tampa, Fl 33618	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	PO Box 1014, Riverview, Fl 33569-1014		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nan	ne of the new register	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Elevide street address	• • •	
	Enter Florida street addres <b>s</b>	· :	
	, Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ \_ (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 April 8 2024 Signature of a member or authorized representative of a member Paul M. Messina Sr. Typed or printed name of signee

Filing Fee: \$25.00