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COVER LETTER

	legistration Se Division of Cor			
erm re <i>e</i> v		h Fruit and Icees		
SUBJECT	'	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subt		
Please rett	ırn all correspo	ndence concerning this matter t	to the following:	
		Deondra Clark		
			Name of Person	
		D & D Fresh Fruit and Icee	s	
			Firm/Company	
		8506 37th Ter E		
		1	Address	
		Pałmetto Fl 34221		
		D 1 1077 0 1	City/State and Zip Code	
		Deondra1972@gmail.com E-mail address: (t	o be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	ill:	
Danielle (Clark		502 314-9849 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	च्ये S30.00 Filing Fee & Certificate of Status	S55.00 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 Course of Tallahassan

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & D Fresh Fruit and Icees			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Plorida document number 1.24000114144	were filed on $\frac{3/6/2024}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Clark's Fresh Fruit & Italian Ice LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8506 37th Ter E		
(Principal office address MUST BE A STREET ADDRESS)	Palmetto FI 34221		
Enter new mailing address, if applicable:	8506 37th Ter E	FIL.	
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto Fl 34221		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address <u>here</u> :	address on our records, <u>en</u>	ter the name of the new regist	
igent anaror the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	dress	
	, Florida		
	City ,	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Add
			□Remove
		☐ Change	
			□ Add
		□Remove	
			□Change
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(If an ef Note:	ive date, if other than the date of filing: [Sective 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)(6) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recordis fi	rd 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 led.
Dated	March 25 2024. Dember Clark
	Deader Clark
	Signature of a member or authorized representative of a member
	Deondra Clark
	Typed or printed name of signee

Filing Fee: \$25.00