2100012504

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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| ALBRITTON

••	P.O. Box 37066 (236 East 6th Avenue. Tallahassee, Florida 32303 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN
	PICK	CUP: Danny 6/3
	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
	FILING	LLC Amend
	Mystic Ice	Cream CAfe, LLC
(CC	ORPORATE NAME AND DOCUM	MENT #)
(C(ORPORATE NAME AND DOCUM	MENT #)
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(CC	ORPORATE NAME AND DOCUM	MENT #)
	ORPORATE NAME AND DOCUM	

PECIAL

NSTRUCTIONS:

_	ion of Corp			
SUBJECT:	Mystic Ice C	ream Cafe, L.L.C.		
SOBSECT.		Name of Lin	aited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	omitted for filing.	
Please return a	ill correspon	dence concerning this matter	to the following:	
		Kamil F. Sikora		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
	2351 KS	6482 N. Williamson Blvd		
	\sim		Address	
		Daytona Beach, FL 32117	•	
			City/State and Zip Code	
		KamilSiko@gmail.com		
		E-mail address: (to be used for future annual report :	notification)
For further inf	ormation co	ncerning this matter, please o	all:	
Kamil F. Siko	ra.		215 607-9618	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fil	ing Fee	S30.00 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)
	eg Address; Stration Se		Street Address: Registration S	
	ion of Co		Division of C	
P.O.	Box 6327	-	The Centre of	f Tallahassee
Talla	hassee, FI	L 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on per nited Liability Company) pany were filed on 03/16/2021	records,)	
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		10000000000000000000000000000000000000
llability company here:		,
CE CREAM.	LLC	
Liability Company," the designation	"LLC" or the abb	previation "L.L.C."
351 6482 N. Williamson Bly	d.	
S) Apt. 3304		
Daytona Beach, FL 321	17	
fice address on our records,	enter the name	of the new registe
fice address on our records,	enter the name	of the new registe
	enter the name	of the new registe
Sikora		of the new registe
Sikora /illiamson Blvd., Apt. 3304		
	CE CREAM, Liability Company," the designation 551 6492 N. Williamson Blv Apt. 3304	CE CREAM, LLC Liability Company," the designation "LLC" or the abb

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Markow	2967 S. Atlantic Avenue, Apt 708	□Add
		Daytona Beach Shores, FL 32118	■Remove
			Change
			□ Add
			Псточе
			Change
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ctive	date. If other than the date of filing:	(antional)
effectiv	e date, if other than the date of filing:	days after filing.) Pursuant to 605.02
nweut,	t's effective date on the Department of State's records.	icms, this date will not be listed
ord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
	•	
ed	5/12/ 2021	
	* Kamil E Sikova	
	W Kawii E Sikawa	
	Signature of a member or suthorized representative of a member	er