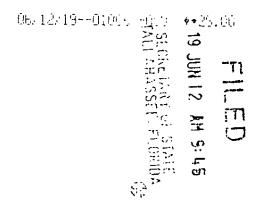
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COVER LETTER

то:	Registration Sec Division of Corp		•	
CUDIC		LIGHTS LLC		
SUBJE	.C.I:	Name of Lim	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: IA ZEINC Name of Person S DELIGHTS LLC Firm/Company I SW 83 AV Address LER BAY, FL. 33189 City/State and Zip Code einc@hotmail.com E-mail address: (to be used for future annual report notification)	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		MARIA ZEINC		
			Name of Person	
		TATI'S DELIGHTS LLC		
			Firm/Company	
		20320 SW 83 AV		
			Address	
		CUTLER BAY, FL. 33189)	
			City/State and Zip Code	
		mariazeinc@hotmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
MARI	A ZEINC			
	Name of	f Person	Area Code Daytimo	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2.	5.00 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)

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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tati's Delights LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. hability Company))
he Articles of Organization for this Limited Liability Company	were filed on April 4, 2018	and assigned
lorida document number L18000085072		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
weet's Delights LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	20320 SW 83 AV	
rincipal office address MUST BE A STREET ADDRESS)	CUTLER BAY, FL. 33189	
nter new mailing address, if applicable:	20320 SW 83 AV	
failing address MAY BE A POST OFFICE BOX)	CUTLER BAY, FL. 33189	增量 12 1 一 22 4 127 - 12
 		
. If amending the registered agent and/or registered of		enter the name of the r
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	·
	Enter Florida street address	
	, Flor	rida Zip Code
	City	гір Соае

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 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
AMBR	AMALIA ANDARA	20320 SW 83 AV CUTLER BAY, FL 33189	■ Add
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			Change
			Add
			□ Remove
			Change
			
			Remove
			Add To See Control of the Control of
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			Remove
			Change
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etive date, if other than the	he date of filing:	annot be prior to	date of filing or		(optional)	irenant t	o 605 0
If the date inserted in this ment's effective date on the	block does not me	et the applicabl					
ecord specifies a delay e 90th day after the re		te, but not a	an effective	time, at 12:	:01 a.m. on	the e	arlier
JUNE, 6		2019					
	Signature of a mo	y secio	Dein)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00