L19000027797

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SUBJECT:		ION COLLECTION, LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returi	n all correspo	ndence concerning this matter	to the following:		
		Michelle S. Rosen			
		CONFECTION COLLECT	Name of Person TION, LLC		
		1901 NW 77th Avenue	Firm/Company		
		Margate, FL 33063	Address		
		michelle@thatschocolate.co			
For further i	nformation c	n-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	rication)	
Michelle S. Rosen			954 703-0429 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25,00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

FILED

CONFECTION COLLECTION, LLC

(Name of the Limited Liability Company as it now appears on our executed (A Florida Limited Liability Company) 25 7 1: \$2

The Articles of Organization for this Limited Liability Company were filed on O1/28/2019 FORETARY OF STARE graduation for this Limited Liability Company were filed on TALLAHASSEE, FL and assigned
Florida document number L19000027797
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
That's Chocolate!, LLC.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City . 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 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>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			
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			□ Add
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			☐ Remove
			☐ Change

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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	e must be specific and cannot is block does not meet the	applicable statutory	or more than 90 day	(optional) s after filing.) Pursuant to 60 s, this date will not be lis	95.0207 (sted as t
he record specifies a dela The 90th day after the		out not an effectiv	ve time, at 12:	01 a.m. on the earl	ier of:
Dated August 22	2019	1			
Dated	Signature of a mentber	or authorized represents	ative of a member		
Moderate O. D.					
Michelle S. Rosen	· -	or printed name of signa			

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Filing Fee: \$25.00