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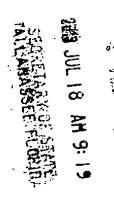
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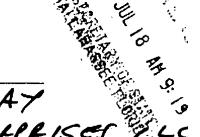


COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: SNEET BAT WINDOWS (LE CHAPLE) TO

Name of Limited Liability Company SWEET BAY



The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SWEETBAY ENTERFLISES LCC
Firm/Company 1100 5. BECCHER FD #11

For further information concerning this matter, please call:

AUDISON OLSON

at (858) 281-/556
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

₤ \$25.00 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

SWECTBAY WINDOWS LLC

(Name of the Limited Liability Company as it now appears on our records.)

W To

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _	4-27-19	and assigned
Florida document number 41900 116198		35
This amendment is submitted to amend the following:		

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1100 S. BEL CHER RD ##
(Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the address here:
Name of New Registered Agent:	ADDISON OCSUN
New Registered Office Address:	1100 S. BECCHER PD. Enter Florida street address
	LAFGI Florida 3377/
	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 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 a or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action 1100 5 Beleer Rd #71 LARGO F4. 33771 FRANK Gravani 000 **™** Add □ Remove ☐ Change cfo 4417 Depabben St. MISSION KANSAS 66202 Mike Salazon □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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f an effectiv <u>Note:</u> If t	ve date is listed. he date inserte	r than the date the date must be s ed in this block d te on the Depart	pecific and car loes not mee	nnot be prior to o t the applicable	late of filing or mo	ore than 90 days a	after filing.) Purst	
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Page 3 of 3

Filing Fee: \$25.00