119000132149

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COVER LETTER

Division of Corpor				
SUBJECT:	ENTICINO Name of Limi	SWEETS ited Liability Company	LLC	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Denish	Name of Person		
	<u>Enticl</u>	ng Sweets i	LC	
	1952 M	any Ellen Dr Address		
	Tallah	City/State and Zip Code		
-	denishaka E-mail address: (1	2 ent chasines to be used for future annual report no	aken. Con	
For further information conc	erming this matter, please cr	all:	2027 SEC T	
<u>Denisha</u> Name of Pe	Keaton		SECRETARIA	Catha Catha
Enclosed is a check for the f	ollowing amount:			Total a
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Free. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sec		Street Address: Registration S Division of Co		
Division of Cor	porations	1717151011 01 01	orporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(A Florida Limited I		
The Articles of Organization for this Limited Liability Company	were filed on US (15)	OI (and assigned
Florida document number <u>L19000132149</u>		76
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
to a series to the series of the series of a police block	800 Orala	Road
Enter new principal offices address, if applicable:	Sto 3017 IF	19.7
(Principal office address MUST BE A STREET ADDRESS)	Tailahassee	FC 32304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	800 Ocala E Ste 300 # 18	200d
177	Tallahassee	FC 32304
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip Code
and the second of the second and the	_	

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
Mar	<u>Penisha</u> <u>Keaton</u>	1952 Mary Ellen Dr	□Add
		Tallahassee Fl 3230	<u>3</u> □Remove
			Change
Mar	<u>kaedreths</u> <u>keaton</u>	1952 Mary Ellen Or	□Add
		Tallahassee FL 3230:	3_ □Remove
			Change
Mar	Ida Walter	5287 WILD GOUSE RO	□Add
		Tallahassee FL 32311	□Remove
			Change
Mar	Johnny Walkerir	5287 Wild Goose Ro	□Add
		Tallahassee FL 32311	□Remove
			J&Change
AMBR	Justin Walker	2274 Hartsfield Wac	— Thadd
		Tallahassee FL 32303	— □ Remove
			□Change
			□Add
			□Remove
			□ Change

. It amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: 5/15/2019 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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	Dec. 30 . 2021.
	Signature of a member or authorized representative of a member
	Denisha Keaton Typed or printed name of signee

Filing Fee: \$25.00