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- (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

FO: Registration Se Division of Cor			
	ANDIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	44-4-4-4-4-7-1
	Amendment and fee(s) are sub		
r tease return an correspo	ROXANA TUMBACO	to the following.	
	CORNERSTONE TAX A	Name of Person ND ACCOUNTING SERVICES C	ORP
	4835 HOLLYWOOD BLV	Firm/Company /D SUITE 4	
	HOLLYWOOD, FL 3302	Address	
	ACCOUNTING@CORNE	City/State and Zip Code RSTONETAXCORP.COM	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)
ROXANA TUMBACO		786 597 9461 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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:

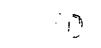
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassec. 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



MERY'S CANDIES, LLC 2019 007 - 7 PM 2: 41

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/10/2019}{1}$ and assigned Florida document number L19000228721 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARY'S CANDIES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 _, Florida ___

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>	Name	Address	Type of Action
			
			☐ Remove
			□ Change
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be plock does not meet the app	rior to date of filing or mo blicable statutory filing	(optional) ore than 90 days after filing.) Pursua requirements, this date will no	nt ω 605.0207 (3)(t be listed as the
the record specifies a delayed) The 90th day after the reco		not an effective ti	me, at 12:01 a.m. on the	earlier of:
OCTOBER IST	2019			
Dated OCTOBER IST Mun M	hum			
	Signature of a member or a	uthorized representative	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00