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(Business Entity	Name)			
(Document Number)				
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C. GOLDEN

OCT - 4 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SWEET HOMES MANAGEMENT COMPANY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
He fang Cas Nume of Person
Sweet Homes Management Company LLC Firm/Company
50989 Highway 27 = 343
Dayler port F1 33877 City/State and Zip Code
Equal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) 557 4235 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet Jomes Manied I.	agement Company LL	C 2020 N 1 19 161 95 18
(<u>Name of the Limited I</u> (A f	imbility Company as it now appears on election light to the Company)	our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on <u>06</u> /	26 / Zo W and assigned
Florida document number <u>L. 20000 [792</u>	<u>71</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
_		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BO.	<u></u> _	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
-	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 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	Hefanij (no	50989 Highway 27. = 343	DAdd
			□Remove
			□ Change
AMBR	Sishing Chin	50989 Highway 27, # 343	I⊿Add
			□Remove
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Effective date, if other than the date of filing:	5,0207 (3 ted as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afterd is filed.	er the
Dated 08/17/2020	
He fang (100) Signature of a member or authorized representative of a member	
He fan J (as Typed or printed name of signee	

Filing Fee: \$25.00