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(F	Requestor's Name)	
. (/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
J)	Business Entity Name)	
(I	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

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U6/14/21--U1U25--U21 **55.UU

COVER LETTER

TO: Registration So Division of Cor		
SUBJECT:	Shrewdness Partners / LLC	_
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Devil CL Name of Person	
	Phetuson Spatorius, UP	
	45 Exchange BI # 300	
	Rothester Ny 14614	
-	City/State and Zip Code Charles Code Charles Code Charles Code Charles Code Cod	
For further information of	concerning this matter, please call:	
Devive	Station at (585) 507 - 0300 Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u> </u>
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	2021 and assigned
Florida document number <u>L2100 009 906</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SOUTHERN CONFECTIONS	, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.D.	C" 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)	
	227
 If amending the registered agent and/or registered office address on our records, <u>enter</u> agent and/or the new registered office address here: 	r 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 addre	
, F	lorida
Circ	Zin 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		-	□Change
			□ Add
			□Remove
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ective date, if other than the	late of filing:	11,202	(optional)	
e: If the date inserted in this blo	ck does not meet the applicable			
ument's effective date on the De	partment of State's records.			
cord specifies a delayed effective s filed.	date, but not an effective time,	, at 12:01 a.m. on the	earlier of: (b) The 90	9th day after th
ed June 11	2021			
ca J *(V) &				
` ` `	JUL ZI	num		
L;	ignature of a member or authorize	ed representative of a n	nember	