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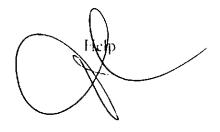
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWEET INNA BITE LLC

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SWEET I:	NNA BITE LEC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
riease return an correspo	Ondence concerning this matter Cheyenne Moseley	to the tollowing.		
Name of Person				
	Legalzoom.com, Inc.			2(
	Firm/Company			)231
	101 N Brand Blvd 11th Fi			2023 FEB -9
	Address			o =1-
	Glendale, CA 91203		٠	
	City/State and Zip Code			: 25
	anjaneepadilla@yahoo.com			, , 01
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please of	all:		
Cheyenne Moseley		800 773-0888 a1 ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount			
□ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee Certificate of Sta Certified Copy	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET INNA BITE LLC		
(Name of the Limited Liability Compa (A Florida Limited )	any as it now appears on our records.) Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company Florida document number   L22000447816	were filed on 10/18/2022 and	d assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liah	nility company here:	_
Sweets Inna Bite LLC	·	2023
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviatio	n "LabaC." - an
Enter new principal offices address, if applicable:	335 772	1 775
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		# <b>5</b>
Enter new mailing address, if applicable:		\$: 25
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		me of the new
	<u>-</u> -	
Name of New Registered Agent		· 
New Registered Office Address:		
	Enier Florida street address	
<del></del>	Cuy , Florida , Florida	
New Registered Agent's Signature, if changing Registered Agent:	•	i A
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar provided for in Chapter 605, F.S. Or, if this c	with and locument is

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 = A	uthorized Member		
<u> itte</u>	Name	Address	Type of Action
<del></del>			□ Add
			□ Remove
			□ Change
			<u>(</u> □ A <b>©</b>
	·		20 A 20 RESOVE
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			□ Remove

\_ Change

Page 3 of 3

Typed or printed name of signee

Signature of a member or authorized representative of a member

Anjanee Padilla

Filing Fee: \$25.00