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(Requ	uestor's Name)	1
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	iment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
		:

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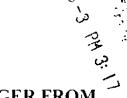
COVER LETTER

TO: Registration Section Division of Corporations	2088
Division of Corporations	(A)
SUBJECT: Amelia Toffee Compa	my LLC
(Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Anita Comisky (Contact Person)	
(Contact Person)	
Amelia Toffee Company LLC	2
(Firm/Company)	<u> </u>
1776 Hammock Dr. (Address)	
(Address)	
Fernandina Black F2 370 (City/State and Zip Code)	3L/
(City/State and Zip Code)	
For further information concerning this matter, please cal	11:
Anita Comisky at (303 (Name of Contact Person) (Area Co	, 475-0926
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	a Department of State for:
\$25 Filing Fee	ing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 ananassee, 1 L 32314	2710 IV. WIGHTON Street, Strike 610

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited l	iability company as it	appears on the recor	ds of the Florida Department
of State is: A mel	in Toffee	Company	LLC
2. The Florida document/reg	gistration number assi	gned to this limited l	iability company is:
215000114	85h		
3. The date this member/ma	nager withdrew/resig	ned or will withdraw	resign is: 1/28/20
4. 1. Joshud Ty (Print Name of Per	9/15	, hereby withdraw	
member Mt			
of this limited liability conresignation in writing.	npany and affirm the	limited liability comp	oany has been notified of my
Signature of Dissociatin	g Member or Resigni	ng Manager	
	0 (Required) 0 (Optional)		