## 1020000/5801

(Requestor's Name)
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(Document Number)
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T. HAMPTON

JAN 1 9 2010

**EXAMINER** 

TO: Registration S Division of Co				
SUBJECT:		n Sweets, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Eric Newman	<del></del>	
		Name of Person		
		Newman Sweets		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1843	5 North East 19th Avenue		
		Address		
	North	n Miami Beach, FL 33179		
		City/State and Zip Code .		
	eri	c@thesweettooth.com		20 T.()
		to be used for future annual report notifica	mon)	LA TO
For further information	concerning this matter, please of	call:		2010 JAN 1 SCORETAR
Eric Newman		at (	82 1400	19-3 W
Name	of Person	Area Code & Daytime T	Telephone Number	TESTA DE C
				20 00 T
Enclosed is a check for	the following amount:			O
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
B.// A. T.I	INC ADDDESS.	CTREET/COURIE	D ADDDESS.	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

N	NEWMAN SWEETS, LLC			
(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document numberL0200001		06/24/2002	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company here:			
The new name must be distinguishable and end w. "L.L.C."	ith the words "Limited Liability Company,	" the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:			201 TAL:	
(Mailing address MAY BE A POST OFFICE	BOX)		33 2	
			60 Z	
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 o	ffice address here:		8 S. W. C. S. W. W. C. S. W. W. C. S. W	
Name of New Registered Agent:	Eric Newman	P	, Tour Co	
New Registered Office Address:	18435 NE 19th Avenue,			
	Enter Florida street address			
	North Miami Beach	, Florida	33179	
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
<u>-</u>			Add Remove
			Add Remove
<del></del>	·		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	GAN GAN
<u></u>			AM IZ: 00
			_
Dated	,	•	

Page 2 of 2

Filing Fee: \$25.00