

LD6 0000 77894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

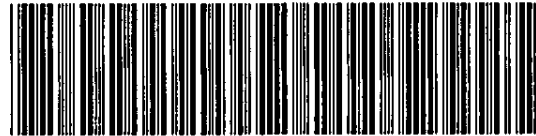
(Business Entity Name)

(Document Number)

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FILED
12 MAR 28 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 29 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Flavor of Florida 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:

Arnaud Lefebvre

Name of Person

Sweet Flavor of Florida LLC

Firm/Company

5900 N.W. 97th Avenue, Suite C-22

Address

Miami, FL 33178

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnaud Lefebvre

Name of Person

at (305)

532-3731

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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

FILED
12 MAR 28 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sweet Flavor of Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 8, 2006 and assigned Florida document number L06000077894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

5900 N.W. 97th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Suite C-22

Miami, FL 33178

Enter new mailing address, if applicable:

5900 N.W. 97th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite C-22

Miami, FL 33178

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 office address here:

Name of New Registered Agent:

New Registered Office Address:

5900 N.W. 97th Avenue, Suite C-22

Enter Florida street address

Miami

Florida

33178

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamil Bouchareb	1602 Alton Road #134	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
		(Last Known Address)	
MGRM	Arnaud Lefebvre	5900 N.W. 97th Avenue	<input checked="" type="checkbox"/> Add
		Suite C-22	<input type="checkbox"/> Remove
		Miami, FL 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 12 MAR 28 PM 07
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 TALLAHASSEE, FLORIDA

Dated March 27, 2012

Signature of a member or authorized representative of a member

Arnaud Lefebvre

Typed or printed name of signee