206000113698

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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2018 SEP 24 AM 8: 25

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2018

MICHAEL DORMAN PO BOX 292 SEBRING, FL 33870

SUBJECT: SWEET TEA JUNKIE, LLC

Ref. Number: L06000113098

We have received your document for SWEET TEA JUNKIE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is 332102.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor 2018 SEP 24 AM 8: 25

Letter Number: 818A00017671

COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	Sweet Tea.	Junkie, LLC.			
SUBJECT		Name of Lim	ited Liability Company	•	
		Amendment and fee(s) are sub	· ·		
		Michael Dorman			
			Name of Person		
		Sweet Tea Junkie, LLC.			
			Firm/Company		2818 - F
		PO Box 292			2818 SCP
			Address		24
		Sebring, FL 338871			
		mail@michaeldorman.com	City/State and Zip Code		6. 3. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		-	to be used for future annual report notific	cation)	3.
For further i	nformation co	oncerning this matter, please ca	all:		
Michael Do	rman		863 214-1070		
	Name of	l Person	at ()Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 l	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Mall	NC ADDRESS:	STD FET/COUDIE	D ANNOFES	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet Tea Junkie, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company	were filed on 11/27/2006	and assigned
Florida document number L06000113098		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u> ANHOM, LLC.	•	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
Principal office address MUST BE A STREET ADDRESS)	-	
		25 P
Enter new mailing address, if applicable:		A III
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
		orida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
			See
			SSEC AND TO SECOND SECO
			□ Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	to date of filing or	more than 90 days after	er filing.) Pursua	ent to 605.020
ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	able statutory fil:	ng requirements, th	is date will no	t be listed a
or and or				
e record specifies a delayed effective date, but no	t an effective	time, at 12:01	a,m, on th	e earlier (
The 90th day after the record is filed.				
August 9 / 2018				
ated August 9	- ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00