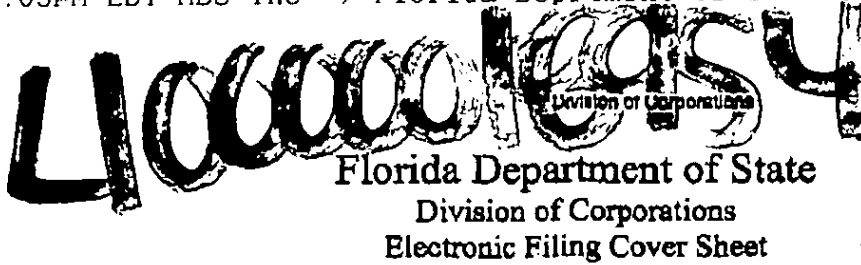


9/18/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000272588 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : I20170000045
Phone : (904)375-1652
Fax Number : (888)323-1074

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eduardo_minales@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SWEET GLADYS LLC

| | |
|-----------------------|---------|
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| Certified Copy | 0 |
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9/19/2018 3:41:55 PM PAGE 1/001 Fax Server



September 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SWEET GLADYS LLC
10545 NW 29 TERRACE
DORAL, FL 33172

SUBJECT: SWEET GLADYS LLC
REF: L10000018954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Last page (signature page) is too dark. Please use white paper.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000272588
Letter Number: 118A00019571

MBS Inc

Phone: 7865465464
Fax: 800-323-1074

Fax

To: Florida Deptment of State

From: Eduardo Miralles

Fax: 8506176383

Pages: 7

Re: Sweet Gladys LLC-Amendment

Date: September 24, 2018

To whom it may concern:
We made the corrections as requested

Thanks,
Eduardo Miralles.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET GLADYS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and the(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO MIRALLES

Name of Person
MBS INC

Firm/Company
2341 EGREMONT DR

Address
ORANGE PARK, FL 32073

City/State and Zip Code
EDUARDO_MIRALLES@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO MIRALLES

788 548-4480
at ()
Area Code Daytime Telephone Number

Name of Person

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)

☐ \$68.00 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
Citron Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SWEET GLADYS 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 02/19/2010 and assigned
Florida document number L10000018954

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

Florida

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 603, 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

| Title | Name | Address | Type of Action |
|-------|-------------------|--|---------------------------------|
| MGR | SWEET GLADYS LTD | 4580 DEODAR ST SILVER SPRINGS, NV 89429 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ANGELA QUIROZ | 10545 NW 29TH TERRACE DORAL, FL 33172 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JUDITH GOLDMAN | 10545 NW 29TH TERRACE DORAL, FL 33172 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GUSTAVO B GOLDMAN | 10545 NW 29TH TERRACE DORAL, FL 33172 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

