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Office Use Only

G. MCLEOD

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EXAMINER



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DIVISION OF SOMETHING

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Swee	et Jeni's LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Faisal Syed			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Sweet Jeni's LLC				
		Firm/Company			
		PO Box 611058			
		Address			
	Ros	emary Beach, FL 3246	i1		
		City/State and Zip Code			
	F-mail address: ()	faisal@di-ltd.com to be used for future annual repor	t notification)		
For further information	concerning this matter, please c		i ioniioni)		
Jenifer Syed		at (_850_)_	543-5948		
Name	of Person	Area Code & D	aytime 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 end	\$60.00 Filing Fee, Certificate of Status Closed) Certified Copy (additional copy is 6		

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

Swe	et Jeni's LLC			
(Name of the Limited Liability (A Florida L	<u>Company as it now appea</u> imited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/14/2010	and assigned	
Florida document number L10000052449	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
F-40				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR)	<u> </u>			
			NUL O	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		_	7	
			75 35	
			8	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter t	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:			·- -	
Enter Florida street address		ress		
		, Florida	<u></u>	
	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> **Address Type of Action** MGRM Marcia Simons 12190 Palm Drive _ Add Remove Fort Myers, FL 33908 ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 3rd Dated ____ Signature of a member of authorized representative of a member Faisal Syed Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00