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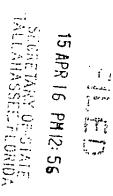
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet Art Holdings 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:
Alfonso Albacete Name of Person
Sweet Art Holdings LLC Firm/Company
1820 N corporate Lakes 6/10d 207-3
City/State and Zip Code Ulalala Gaol Caro E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trancisco Anzola at (954) 980-1763 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$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

Sweet Art Holdin	rs ILC
(Name of the Limited Liability C (A Florida Lii	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L10000883</u> .	npany were filed on 08 23 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Induing dualess may be a rost of rice boa	
registered agent and/or the new registered office addres	red office address on our records, enter the name of the new s here:
Name of New Registered Agent:	SO S
New Registered Office Address:	Enter Florida street address
	, Florida 5
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Ismael	Alonso	1820 N. Corp. Lakes Bld 207-	DDA X
			Weston, 71 33326	□ Remove
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D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,	
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	-	
		<u> </u>
	(The eff	ive date, if other than the date of filing:
	Dated	A081 14 , 2018/
		\sim
		Signature of a member or authorized representative of a member
		Akonso Albacete
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

