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SEGRETARY OF STATE TALL AND SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Parties By Sweet Girls 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:
Odalys Ollet Name of Person
Parties By Sweet Girls LLC
7136 Ballan trae Court
Miami Lakes Fl 33014 City/State and Zip Code
parties by sweet air Is agmail. Com E-mail address: (no be used for future annual report notification)
For further information concerning this matter, please call:
Odalus Ollet at 786 239-7354  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  [Solution of Status]  [Solution of Status

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahasses El. 22214 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

Parties E	3 <sub>4</sub> S	weet 6	Sirls L	LC	
( <u>Name of the Limited Liabi</u> (A Florid	<b>ility Company a</b> da Limited Liab	is it now appears of the company is in the company is a second company in the company in the company is a second company in the company in the company is a second company in the company in the company in the company is a second company in the company	on our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company we 35,23 C	re filed on <u>3</u>	22/11	and assi	gned
This amendment is submitted to amend the following	ŗ:				
A. If amending name, enter the new name of the !	imited liability	company here:			
The new name must be distinguishable and end with the value. L.L.C."	words "Limited	Liability Company	," the designation	"LLC" or the at	obreviation
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET AD	DRESS)				
	_				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	···			·
	_				
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		address on our	records, <u>enter</u>	11 SEC	the new
Name of New Registered Agent:				A 是	
		<del> </del>		25 O	\$
New Registered Office Address:	<del></del>	Enter	Florida street ac	Idress 3	<del>[7]</del>
			, Florida	FOR STAI STAI	
	C	ity	, rivita _	Zip Code	<del>,</del> ,

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 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> **Type of Action** Name **Address** ☐ 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.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00