

L11000074094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

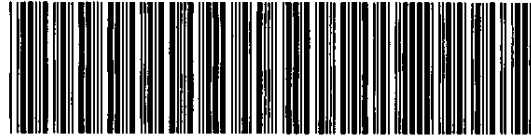
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Handwritten signature
8/12/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUGARBUZZ DEZERT COMPANY, 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:

JAMES, RONALD

Name of Person

SUGARBUZZ DEZERT COMPANY, LLC.

Firm/Company

4339 EDGEWATER DRIVE

Address

ORLANDO, FL. 32804

City/State and Zip Code

JONATHAN@TAXCAREINC.COM

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

For further information concerning this matter, please call:

JAMES, RONALD

Name of Person

at 407 929-6542

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SUGARBUZZ DEZERT COMPANY, 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 06/27/2011 and assigned
Florida document number L11000074094.

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 end with 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)

2005 E. SOUTH STREET
ORLANDO, FL. 32803

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TALLAHASSEE, FLORIDA

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:

TAX CARE, INC.

New Registered Office Address:

417 CENTER POINTE CIRCLE. SUITE 1737

Enter Florida street address

ALTAMONTE SPRINGS

City

Florida 32701

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

Amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES, RONALD	2005 E. SOUTH STREET ORLANDO, FL. 32803	<input checked="" type="checkbox"/> Add <i>Change address only</i> <input type="checkbox"/> Remove
AMBR	PARKS, WALTER	2005 E. SOUTH STREET ORLANDO, FL. 32803	<input checked="" type="checkbox"/> Add <i>Change address only</i> <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE ARE CHANGING BOTH AUTHORIZED PERSONS ADDRESS AS SEEN BELOW

2005 E. SOUTH STREET. ORLANDO, FL. 32803

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

AUG 3, 2014

Signature of a member or authorized representative of a member

Ronald James

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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