

L110000104194

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 20 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUGAR LIPS LOLLIKAKES, 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:

NAILA HAFFAR

Name of Person

SUGAR LIPS LOLLIKAKES, LLC

Firm/Company

305 LORUNA DRIVE

Address

GULF BREEZE / FLORIDA / 32561

City/State and Zip Code

ORDERS@SUGARLIPSLOLLIKAKES.COM

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

For further information concerning this matter, please call:

NAILA HAFFAR

Name of Person

at (850)

287-3159

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

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

SUGAR LIPS LOLLIKAKES, 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 09/12/2011 and assigned
Florida document number L11000104194.

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 "L.L.C."

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)

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AND
FILED

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: NAILA HAFFAR

New Registered Office Address: 305 LORUNA DRIVE
Enter Florida street address

GULF BREEZE, Florida 32561
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>	<u>Address</u>	<u>Type of Action</u>
MGR	NAILA HAFFAR	305 LORUNA DRIVE GULF BREEZE, FLORIDA 32561	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SCOTT RAYNER	305 LORUNA DRIVE GULF BREEZE, FLORIDA 32561	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

***** NAILA HAFFAR IS THE REGESITERED AGENT AND MANAGING
MEMBER. SCOTT RAYNER NO LONGER HAS ANY AFFILIATION WITH
SUGAR LIPS LOLLICAKES *****

Dated AUGUST 8, 2012



Signature of a member or authorized representative of a member

NAILA HAFFAR (new)

SCOTT RAYNER (old)

Typed or printed name of signee

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AND
FILED

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