## 1120000 35494

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
C	. D (		
subject: <u>Suga</u>	Refined. LLC	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria	Name of Person	
		gar Refined Firm/Company	
		Firm/Company	
	25345 \	Newberry Road	
	Newber	Cy, FL 32669	<del></del>
		ugar-refined. com	
For further information co	oncerning this matter, please c		
Maria J	. Rizzo	at ( 352 ) 472 -	9895
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suga	AR REFINE	D. LLC		
(Name of the Limited	d Liability Company as A Florida Limited Liabili	it now appears on our ty Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L120000</u>		filed on <u>March</u>	13th, 2012	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	t <u>he limited liability (</u>	company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	ompany," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applical	ble:			120
(Principal office address MUST BE A STREET	ADDRESS)		·:	<u> </u>
			···	2
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or req agent and/or the new registered office address		ess on our records,	enter the name of	the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street	t address	
			Elawida	
		City	, Florida 	ip Code
New Registered Agent's Signature, if changing Re	egistered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Misty J. Woods	603 NW 102nd Terrace	XAdd
		Gainesville, FL 32607	□Remove
		· · ·	□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		□Remove	
		• <del></del>	□Change
			□Add
			□Remove
			□ Change

, 1141111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
-	
•	
(If an ef Note:	ive date, if other than the date of filing:
the reco cord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	June 13th 2020.  Maria Ri
	Signature of a member or authorized representative of a member
	Maria J. Rizzo - Owner  Typed or printed name of signee