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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Sweet Treat	Jewelry LLC		
object.		Name of Limi	ted Liability Company	
•				
The enclosed	d Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Stephanie Bolton		
			Name of Person	
			Firm/Company	
		5041 New Centre Drive		
		Wilmington, North Carolin	a 28403	
		boltonlaw@me.com	City/State and Zip Code	
		E-mail address; (t	o be used for future annual report ne	otification)
For further i	nformation co	oncerning this matter, please ca	dl:	
Stephanie B			727 421-0539 at ()	ime Telephone Number
	Name of	l'Person	Area Code Dayti	me 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:

TO:

**Registration Section** 

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 Treat Jewelry, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR 19 P # 32 The Articles of Organization for this Limited Liability Company were filed on 11/13/2012 and assigned SECRE ARY CLE STATE Florida document number 1.12000142837 TAÜLAHASSEE, ELORIDA This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Patriot Roofing & Exteriors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 35246 US Hwy 19 N 154 Enter new principal offices address, if applicable: Palm Harbor, FL 34684 (Principal office address MUST BE A STREET ADDRESS) 35246 US Hwy 19 N 154 Enter new mailing address, if applicable: Palm Harbor, FL 34684 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new Stephanie Bolton Name of New Registered Agent:

registered agent and/or the new registered office address here:

35246 US Hwy 19 N 154 New Registered Office Address: Enter Florida street address \_. Florida 34684 Zip Code Palm Harbor City

## 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.

Changing Redistated 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

TTIAL.	Name	Addwore	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a delayed ene 90th day after the recor		an effective time, at	12:01 a.m. on the e	arlier
March 15	2019			
	gnature of a member or authors	red representative of a mem	ber	
<b>~</b> • • • •	•	•		

Page 3 of 3

Filing Fee: \$25.00