L13000530230

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

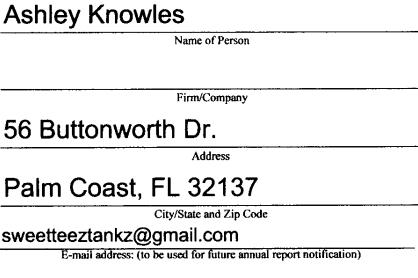
SUBJECT:

SWEETEEZ TANKZ & TEEZ,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:



For further information concerning this matter, please call:

Ashley Knowles

Name of Person

_{.,/}386**846-267**1

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

2330.00 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)

THE PROPERTY OF THE PARTY OF TH

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

Sweeteez Tankz & Teez, 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 2/27/13	and assigned
Florida document number L13000030230		OALDE CO
		7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Sweet Teez & Tankz, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
(Mutting duaress MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or regis		s, enter the name of the new
registered agent and/or the new registered office add	<u>oress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	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.

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necess	sary.)
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		_
Dated February 27		-
Stri	Masyllneves	
Signa	ature of a member or authorized representative of a member	
Ashley M. Know	rles	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00