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SECRETARY OF STATE
TALL AHASSES OF FORM

K. SALY MAY 10 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet P's Bakery & Bistro 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:
Catherine M. Pinault
Name of Person
Sweet P's Bakery & Bistro
12801 University Drive Suite 5
Fort Myers FL 33907 City/State and Zip Code
Catie Dinault E-mail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Catherine M. Pinault at (239) 258.4842 Name of Person Daytime Telephone Number
Name of Felson Alea-Code Dayume receptione Number
Enclosed is a check for the 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, 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

Sweet PIS BAKERY & BISTRO LLC

FILED

18 MAY -7 PM 2: 33

ALLAWARY OF CT

Zip Code

(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Linkited Liability Company)	E. MORIDA
The Articles of Organization for this Limited L	iability Company were filed on <u>08.26.2013</u>	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
•	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>
	·	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	/or registered office address on our records, enter of fice address here:	the name of the new
Name of New Registered Agent:	Birnesc Hang	
New Registered Office Address:	13100 BROADHURST (550)	#2
	Fort Tyers, Florida	33919

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.

City

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Catherine M. Pinault	1523 Alcazar Ave	□ Add
		Fort Myers , FL 33901	Remove
			Change
TIGR_	Rémy GRATESS	13100 Broadwick Lap#	SPAdd
		13100 Broadherst Lap#	Remove
			Change
			□ Add
			Remove
			FILED AND Change P
			I Add
			2: 33 Remove
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	•		Change

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refi <u>te:</u>	ive date, if other than the date of filing: 1105 at 1 at
rec	cord specifies andelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
he	Thursday April 12th, 2018.

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Filing Fee: \$25.00