

L14 000 096516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

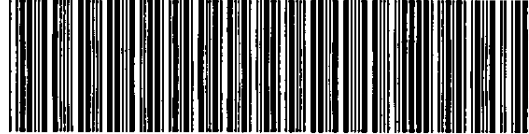
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600285518066

05/11/16--01007--002 **30.00

FILED
16 MAY 11 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2016

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OOBALAMODE PASTRIES, 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:

MICHELLE GARNER

Name of Person

OOBALAMODE PASTRIES, LLC

Firm/Company

6909 SUMMERBRIDGE DRIVE

Address

TAMPA, FL 33634

City/State and Zip Code

MLEAGARNER@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE GARNER

813

928 - 2989

at ()

Name of Person

Area Code

Daytime Telephone 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,
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

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

OOBALAMODE PASTRIES, 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 04/26/2016 and assigned
Florida document number L14000096516.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SWEETS ILLUSTRATED, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6909 SUMMERBRIDGE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33634

Enter new mailing address, if applicable:

6909 SUMMERBRIDGE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33634

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: no change.

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent: no change

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

MGR = Manager
AMBR = Authorized Member

no changes

[illegible]

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

BUSINESS NAME IS THE ONLY CHANGE.

15 MAR 11 AM 9:20
STATION OF SHIP
TAMPAH, FLORIDA

E. Effective date, if other than the date of filing: _____ FILING DATE _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member organization

MICHELLE GARNER

Typed or printed name of signee