L15000204750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 19 2015

S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2015

AMELIA A FARINAS
7526 W 4TH COURT
HIALEAH, FL 33014

SUBJECT: SWEET CREATIONS AND EVENT PLANNER LLC
Ref. Number: L15000020450

We have received your document for SWEET CREATIONS AND EVENT PLANNER LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00015526

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sweet Creations And Event Planner 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:

William R Batista
Name of Person

Firm/Company

5601 Collins Avenue
Address

Miami Beach, Florida 33140
City/State and Zip Code

independenttaxservices@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R Batista at (304) 4847744
Name of Person — Area Code — Daytime Telephone Number

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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

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

Title	Name	Address	Type of Action
MGR	William R Batista	5601 Collins Avenue Suite 708	☐ Add
		Miami Beach, Florida 33140	■ Remove
			☐ Change
MGR	Amelia A Farinas	7526 W 4th Court	■ Add
		Hialeah, Florida 33014	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (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 07-08, 2015.

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Signature of a member or authorized representative of a member

William R Batista

Typed or printed name of signee

Filing Fee: $25.00