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COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
CIDICE.	Amelia Toff	fee Company, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Name of Limited Liability Company tricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Karen Ibach Bowden, Esq. Name of Person Abel Bean Law, P.A. Firm/Company 100 N. Laura Street Suite 501 Address Jacksonville, FL 32202 City/State and Zip Code kbowden@abelbeanlaw.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: wden Name of Person Area Code Daytime Telephone Number eck for the following amount: g Fee Stoop Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Street Address: ration Section Registration Section		
Please return	all correspon	ndence concerning this matter	to the following:	
		Karen Ibach Bowden, Esq.		
			Name of Person	
		Abel Bean Law, P.A.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		100 N. Laura Street Suite	501	
		•	Address	,
		Jacksonville, FL 32202		
		 	City/State and Zip Code	
		•		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
Karen Ibach	Bowden			
	Name of	Person		me Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 B	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	_	orporations	Registration Solution of Co	
). Box 632	-	The Centre of	-
	llahassee F			oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amena Tonec Company, LLC		
(<u>Name of the Limited Liabil</u> (Λ Florid	ity Company as It now appears on our records.) la Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on July 2, 2015	and assigned
orida document number L15000114856	<u> </u>	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
nita Candy Company, LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
· · · · · · · · · · · · · · · · · · ·		=:
		: 7
. If amending the registered agent and/or registere	ed office address on our records, <u>enter the</u>	name of the new regis
gent and/or the new registered office address here:		77.
		سب مین
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street address	
	. Floric	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Amalia Tagara Camanana III C

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the of an effective date is listed, the date must			(optional)	nt to 605 020
Note: If the date inserted in this blo	ck does not meet the applic	able statutory filing requi		
locument's effective date on the De	parument of State 8 records			
Santambar 12	2021			
September 13 Dated	, 2021	·		
Ot Con	W/12	orized representative of a me		