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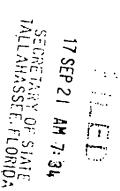
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TO:	Registration Section Division of Corporations	
SUBJE	cr: Heavenly Ca	indies LLC
	/ Name o	Limited Liability Company
The en	closed Articles of Amendment and fee(s) are	submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	_Mal?no	la Olupitan Name of Person
	Heaver	ily Cariaties LLC Firm/Company
	5485 AS	Hon Manor Dr
	Sarasot	
	Heavent E-mail addi	City/State and Zip Code Cardies 1.0 agmail. Com cardies 1.0 agmail. Com cardies 1.0 agmail.
For fur	ther information concerning this matter, ple	ase call:
<u>14</u>) c	Winda Olup, tan	at (941_) 284 - 3068 Area Code Daytime Telephone Number
	ed is a check for the following amount:	
U \$2:	5.00 Filing Fee S30.00 Filing Fee & Certificate of State	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heavenly	Candies LLC	
(Name of the Lini	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L.	iability Company were filed on 8 12/16	and assigned
Florida document number <u>L [6000151</u>		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
	li	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		<u> </u>
		AHE SE
Enter new mailing address, if applicable:		SS 2
(Mailing address MAY BE A POST OFFICE	<u></u>	(Π → () () () () () () () () () (
B. If amending the registered agent and	or registered office address on our records, enter	Σ≧ టు 📆
registered agent and/or the new registered o		Tule hance of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing	i I	
provisions of all statutes relative to the propaction as reg	ed agent and agree to act in this capacity. I further ag er and complete performance of my duties, and I am j stered agent as provided for in Chapter 605, F.S. Or, registered office address, I hereby confirm that the lin change.	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of eac	h person being adde
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Marietta Miller	3995 Altavistast.	
		Sarasota, FL 34237	Remove
			□ Change
MGR_	Gbenga David Oluj	Sarasota, FL. 34233	M Add
		Sarasota, FL. 34233	Remove
			☐ Change
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fective date is listed, the date	e must be specific and cannot is block does not meet the	be prior to date of filing	gor more than 90 days a	fler filing.) Pursuant to 605
nent's effective date on th	he Department of State's r	ecords.		
	ayed effective date, b	out not an effecti	ve time, at 12:0:	1 a.m. on the earli
90th day after the	record is filed.			
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9/18/17				
9/18/17 .V 199	e m			
9/18/17 Maline	la Dup da	M	tative of a member	
September 9/18/17 Maline	la Olupita Signature of a member	M		

Filing Fee: \$25.00