L16000158448

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

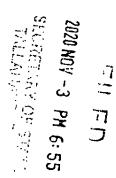
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11/05/20--01004--012 ++25.00



LA 12/8/20

COVER LETTER

,
•
Name of Limited Liability Company
nd fee(s) are submitted for filing.
rning this matter to the following:
Nordstrom
Name of Person
ets Group LLC
Firm/Company
a Linda St
Address
FL 34239
City/State and Zip Code
co@gmail.com
E-mail address: (to be used for future annual report notification) matter, please call:
941 306-6072
at () Area Code Daytime Telephone Number
mount:
Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy Certificate of Status &
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epic Sweets Group LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 08/24/2016	and assigned	
Florida document number L16000158448			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		φ_8	
Principal office address MUST BE A STREET ADDRESS)		2020 NOV	
		T. 3 4	
nter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		<u>ق</u> ق	
during uduress militiativist of the post		55	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	

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.

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	April Smith Swe	4865 Sawyer Road	□Add
		Sarasota, FL 34233	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	<u> </u>			
		 		
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		- .		
			10000	
				
				
ffective date, if other than the o	late of filing:		(option	al)
an effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the	applicable statutory	or more than 90 days after fi filing requirements, this c	ling.) Pursuant to 605,0207 (late will not be listed as t
record specifies a delayed effective Lis filed.	date, but not an effe	ctive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
October 29	2020			
alcu	·	·		
1	1/ //	∧ -		

Typed or printed name of signee