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6/22/19

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Candy Coated Customs 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:
VENNY HOESCH Name of Person
Candy Cocted Customs LLC.
2211 N 38th St Se. B
Cardy Coater Customs. Sales & Email. Whin JE-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
YENNY HOESCH at (813) 769-9216 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Candy Ce	satel	CUSTOME TO THE PROPERTY OF THE	5 LL	. <u>C</u>	
	orida Limited Liabilit	y Company)			
The Articles of Organization for this Limited Liabilit Florida document number 6000 861 8	y Company were	filed on 100°	7/2016	and assig	ned
This amendment is submitted to amend the following	g :				
A. If amending name, enter the new name of the	limited liability o	ompany here:			
The new name must be distinguishable and contain the words "	Limited Liability Co	mpany," the designation	"LLC" or the abl	previation "L.L.	C."
Enter new principal offices address, if applicable:					<u> </u>
(Principal office address MUST BE A STREET AD	DDRESS)	<u> </u>		<u></u>	<u>₹</u>
				<u>\$</u> _	
Enter new mailing address, if applicable:				= 	F COXE
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				- 동 <u>연</u>
				2	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	address on our rec	cords, <u>enter</u>	the name of	the ne
Name of New Registered Agent:	YENNY	Hoesel			
New Registered Office Address: 2	211 N 3	BOTO 5+ Enter Florida street a	nddress	<u> </u>	
-	tampa,	lity	Florida <u> </u>	33605 Zip Cixle	<u>-</u>

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 at 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 **Title** Address **Type of Action** <u>Name</u> Aleica Black 2211 N 38th St SteB 0 Add TAMPA FL 33605 □ Change ☐ Remove _
Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

_	
_	Aleich Black is Not Longer Affiliated to condy Control
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It an effe <u>Note:</u> I	re date, if other than the date of filing: D2/29/2009 (optional) ctive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it is effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	05/22 2010
Dated_	<u>05/27</u>
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00