11600200465

| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (В | usiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800299630738

05/26/17--01012--005 **25.00

ZOTI JUN 26 PH 3: 56

J. HARRIS

COVER LETTER

| Division of Cor | | | |
|-----------------------------|--|---|--|
| Sweet L SUBJECT: | isa's LLC | | |
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | April Bray | | |
| | | Name of Person | |
| | First Light Accounting & F | Payroll | |
| | | Firm/Company | |
| | 4100 A1A South | | |
| | | Address | |
| | St. Augustine, FL 32080 | | |
| | 2100 42.1 | City/State and Zip Code | |
| | april@firstlightaccounting.c | om to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please ca | · | |
| Lisa Dallaire | | 904 501-9277 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2017

APRIL BRAY FIRST LIGHT ACCOUNTING & PAYROLL 4100 A1A SOUTH ST AUGUSTINE, FL 32080

SUBJECT: SWEET LISA'S, LLC Ref. Number: L16000200465

SECRETARY OF SIME

We have received your document for SWEET LISA'S, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00011947

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FI THE



May 31, 2017

APRIL BRAY 4100 A1A SOUTH ST AUGUSTINE, FL 32080

SUBJECT: SWEET LISA'S, LLC Ref. Number: L16000200465

We have received your document for SWEET LISA'S, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00010925

ŽELI JUN-9 PH 12: 58
SLOAL BARRET FOR THE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sweet Lisa's LLC | | | |
|---|---|---|--|
| (Name of the Limi | ted Liability Compa (A Florida Limited l | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Clorida document number L16000200465 | | were filed on 10/21/2016 | and assigned |
| his amendment is submitted to amend the foll | owing: | | |
| . If amending name, enter the new name o | of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1093 A1A Beach Blvd PMB 376 | 7 |
| Principal office address MUST BE A STREE | ET ADDRESS) | St. Augustine, FL 32080 | |
| | | | |
| Inter new mailing address, if applicable: | | 1093 A1A Beach Blvd PMB 376 | 26 PR |
| Mailing address MAY BE A POST OFFICE BOX) | | St. Augustine, FL 32080 | S1. (5. (5. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1 |
| . If amending the registered agent and egistered agent and/or the new registered o | ffice address her | <u>e</u> : | •••• |
| Name of New Registered Agent: | First Light Accounting & Payroll, Inc. | | |
| New Registered Office Address: | 4100 A1A Sout | | |
| | | Enter Florida street address | 22000 |
| | St Augustine | , Florio | da 32080 Zip Code |
| | | City | 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

Page 1 of 3

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

 $(x_i,y_i) = (x_i,y_i)^{-1/N}$

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------------------|--|
| MGR | Lisa Dallaire | 1093 A1A Beach Blvd PMB 376 | Add |
| | | St. Augustine, FL 32080 | □ Remove |
| | | | Change |
| MGR | Jesse Ramirez | 1093 A1A Beach Blvd PMB 376 | = Add |
| | | St. Augustine, FL 32080 | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | TABLCREE TO |
| | | | RESTORE TO CHANGE TO CHANG |
| | | | S CAN ACT |
| | | | Remove |
| | | | □ Change |

| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---------------------------------|---|-------------|
| | | |
| 0 | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| (If an effec <u>Note:</u> If | e date, if other than the date of filing: (optional) tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records. | |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. | of: |
| Dated | May 22nd . 2017 | |
| | ALLE SEE | <u></u> |
| | Signature of a member or authorized representative of a member | Ti |
| | Ser N | Special Co. |
| | LISA DATIANC | Sandard. |
| | Typed or printed name of signee | General E |
| | Page 3 of 3 | 8 |
| | Page 3 of 3 | |

Filing Fee: \$25.00