K16000211684

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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	BUTTER, LLC.			
SUBJECT:	Name of Limited 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:		
	CAROLINA STIFTER			
		Name of Person		
	SUGAR & BUTTER, LLC	2.		
		Firm/Company		
	8275 CADRE NOIR RD			
		Address		
	LAKE WORTH, FL 3346	7		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	carolina.stifter@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please concerning	all:		
CAROLINA STIFTER		561 221-5188		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	≸ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUGAR & BUTTER, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L16000211684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Madewell Spaces, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8275 CADRE NOIR RD Enter new principal offices address, if applicable: LAKE WORTH, FL 33467 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address (iiv

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 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		
AMDD - Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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		□Change	
			□Add
			□Remove
			_

document's effective date on the Department of State's records. The 90th day after the port is filed. Dated JANUARY 11TH 2022 Signature of a member or authorized representative of a member	_	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing: ((optional)) If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated ANUARY HTH 2022 Signature of prioribles or authorized representative of a member		
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	Dated	JANUARY 11TH 2022
		() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CAROLINIA STIETER		Signature of primember or authorized representative of a member
		CAROLINA STIFTER

Filing Fee: \$25.00