# 117000027104

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FILING CANCELLED RETURNED CHECK

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### **COVER LETTER**

## FILING CANCELLED RETURNED CHECK

TO:	Registration Section
1 Maga	Division of Corporations

Sweet A SUBJECT:	rms LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	John Oldham		
		Name of Person	<del></del>
	Sweet Arms LLC		•
		Firm/Company	<del></del> .
	5750 SW 37th Court		
		Address	
	Davie, Florida 33314		
		City/State and Zip Code	
	john@SweetArmsLLC.con	1	
	E-mail address: (	to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please c	all:	
John Oldham		954 599-1568 at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FILING CANCELLED RETURNED CHECK

Sweet Arms LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000027104</u> .	ny were filed on $\frac{2/2/2017}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 registered agent and/or the new registered office address here.	office address on our rec	ords, enter the Parise of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street a	ddress
		_, Florida
	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

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 **Type of Action Address Title** <u>Name</u> 5750 SW 37th Ct Oldham, Brandy MGR □ Add Remove FILING CANCELLED \_□ Change RETURNED CHECK \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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	RETURNED CHECK	
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. Effective date, if other than	he date of filing:	(optional)
(If an effective date is listed, the date <b>Note:</b> If the date inserted in this	nust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 (3 equirements, this date will not be listed as the
the record specifies a dela b) The 90th day after the i	red effective date, but not an effective time ecord is filed.	e, at 12:01 a.m. on the earlier of:
Dated May twenty-sixth	, 2017	
Tel tu	VdHan	
(	Signature of a member or authorized representative of	a member
John Oldham	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00