## L17000116946

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SWEENEYS SOLUT	TONS 3200 I	LLC		
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				Art of Inc. File
		***		LTD Partnership File
				Foreign Corp. File
				L.C. File
			<u>-</u> -	Fictitious Name File
				Trade/Service Mark
				Merger File
			<b>√</b>	Art. of Amend. File
		:		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sweeneys Solutions 3200 LCC 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:
Maria Rassi Nante of Person
Firm/Company
3200 W Hallandale Beach Blod
Pembroke Park F1 33023
Cogreen DOS @ amail.com E-mail address: (so be used for future annual report notification)
For further information concerning this manter, please call:
Maria Rass.  Name of Person at ()  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status & Certified Copy Certified Copy  (additional copy is enclosed)  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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5-26-17 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L17000116946</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 , 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

PRET CO

If amending Authorized Person(a) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

	- Authorized Member			
Title	<u>Name</u>	Ad	dress	
MGR	Moreno G	allo JR.	3200 1 1 11 11 11	Type of Action
,			Beach Blue	Add
		<del>-</del>	3200 W. Hallandale Beach Block Pembrake Park, F1 33023	□ Remove
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fate: If the det	if other than the date of filing:  Is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to a insterted in this block does not meet the applicable statutory filing requirements, this date will not be a ctive date on the Department of State's records.	605.0207 ( listed as t
record spe The 90th da	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear y after the record is filed.	lier of;
ted	12-18 2017	
	Mr. A	
	Signature of a member or authorized representative of a member	
	Maria Rassi Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00