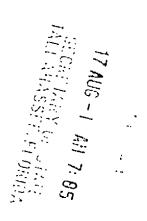
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Registration Section Division of Corporations

**)**:

BJECT:{\}\	Things Sweet To Name of Lim	tate LLC ited Liability Company	<del></del>
	Amendment and fee(s) are sub indence concerning this matter	_	
	Dien D. In	Name of Person	
	All Thing=	Sweet Poteto, L Firm/Company	LC
	5147 Tallow	Neod CT Address	
		32808 City/State and Zip Code	
· further information c	E-mail address: ( oncerning this matter, please ca	Gryand Cand to be used for future annual repair.	port notification)
<u>Drevi</u> D. We Name o	Over — TT f Person	at (-321 )2 . Area Code	34 - 4799 Daytime Telephone Number
closed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Bui	Corporations Iding tive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Things Sweet To (Name of the Limited Liability Compa	Potato LLC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it nôw appears on our records.) Jability Company)
ne Articles of Organization for this Limited Liability Company orida document number <u>L 17000147172</u> .	were filed on <u>Illustrian burn</u> and assigned
his amendment is submitted to amend the following:	j
. If amending name, enter the new name of the limited liabi	ation for this Limited Liability Company were filed on
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
gistered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip Gode
ew Registered Agent's Signature, if changing Registered Agent:	Florida Street address  City Zip Gode
nereby accept the appointment as registered agent and agreed ovisions of all statutes relative to the proper and complete pecept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office of mpany has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending remoyed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of e	ach person being add
GR= M MBR= A	anager uthorized Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other th	an the date of filing	r:		(optio	nal)	
ffective date is listed, the o	date must be specific and	cannot be prior to	date of filing or more th	nan 90 days after i	filing.) Purst	iant to 605.020
<ul> <li>If the date inserted in ment's effective date or</li> </ul>	. this block does not m n the Department of S	iect the applicable tate's records.	e statutory filing rec	quirements, this	date will n	ot be listed a:
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	elayed effective d	ate, but not a	   n effective time	. at 12:01 a	.m. on th	ne earlier o
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Page 3 of 3

Filing Fee: \$25.00