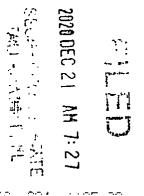
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(Re	questor's Name)			
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ub ucca	Sweet Mail	in, LLC			
Name of Limited Liability Company					
he enclos	sed Articles of	Amendment and fec(s) are sub	mitted for tiling.		
lease retu	ırıı all correspo	ndence concerning this matter	to the following:		
		Alexandra Kern-Falk			
			Name of Person		
		Sweet Mailin, LLC			
			Firm/Company		
		2302 SW 39th Ter			
			Address		
		Cape Coral, FL 33914			
		~=	City/State and Zip Code		
		alexiakem@yahoo.de			
		E-mail address: (to be used for future annual report notifi	cation)	
or further	r information co	oncerning this matter, please ca	all:		
Alex	andra K	en-Fall	at (323) 327 -	1266 Telephone Number	
	Name o.	i r cison	Area Code 17aytine	Telephone Number	
closed i	s 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Tailing Addres		Street Address:		
Registration Section Division of Corporations				Registration Section Division of Corporations	
	.O. Box 632	•	The Centre of Ta		
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2020 DEC 21 AM 7:27

Sweet Mailin, LLC

(Name of the Limited Liability Company as it now appears on our-records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/12/2017}{1}$ and assigned florida document number L17000150235 his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: 'ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered int and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability cany has been notified in writing of this change.

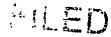
City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

f 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



<u>l'itle</u>	<u>Name</u>	Address 2028 DEC 21 AM 7: 27	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and care	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
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union serieure date on the Department of State	s records.
cord specifies a delayed effective date, but not an e	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Men-Jal
Signature of a mem	per of authorized representative of a member
Alexandra Kern-Falk	
	ed or printed name of signee

Filing Fee: \$25.00