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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suxet Haul & Harvesting Name of Limited Liability Company	LLC.
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bobby Pevez	
Sweet Hack to Harve	sting LLC
315 SE 3rd Aug	
South Bay F1 3349 City/State and Zip Code Sweethau May 1854 in So. 1 E-mail address: (to be used for future annual report	3 Jahor. Com
For further information concerning this matter, please call:	
Bobby Peve 7 at (Std.) GIU Area Code Da	ytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/CO	URIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Name of the Limited Liabi	lity Company as it now appears of da Limited Liability Company)	n our records.)	2018 NOV - 1	AM 11: 24
			and assigned AHAS	OF STATE
The Articles of Organization for this Limited Liability		102/3012	_and assigned. AHAS	SEE.FL
Florida document number <u>L18100005UUU</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:	:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		_		
B. If amending the registered agent and/or regi	istered office address on o	ur records, enter the	name of the new	
registered agent and/or the new registered office ad-	dress here:			
Name of Name David and Assets				
Name of New Registered Agent:	·-			
New Registered Office Address:	Enter Florida	struct address		
	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o accept the obligations of my position as registered o being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my igent as provided for in Cha red office address, I hereby c	duties, and I am fam pter 605, F.S. Or, if t	iliar with and his document is	
	If Changing Registered Agent	Signature of New Registe	ered 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				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
AMBIZ	Marquita Perez	315 SE 31d Auc. South Bay F1 3	5 <u>3493 pt</u> Add	
			Remove	
			☐ Change	
			Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			☐ Change	
			□ Remove	
			Change	
*****			🗆 Add	
			☐ Remove	
			☐ Change	
 				
			□ Remove	
		· ·	—— □ Change	

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Note:	tive date, if other than the date of filing: 0.7 30, 2018 (optional) Tective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Separature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00