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(Re	equestor's Name)	
(Ac	idress)	
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	ision of Cor					
· BUBJECT:	Holly Cow!	Sweet Shop, LLC.				
Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
lease returr	all correspon	ndence concerning this matter	to the following:			
		Juan A. Alvarez				
			Name of Person			
			Firm/Company			
		13311 Park Lake Dr. Apt:101				
			Address			
		Tampa, Fl. 33618				
		· 207(City/State and Zip Code	-		
		juan2976@aol.com E-mail address: (to be used for future annual report notif	ication)		
For further i	nformation co	oncerning this matter, please ca	all:			
Juan A. Alv	arez		646 244-1321 at ()			
	Name o	f Person	Area Code Daytimo	Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 I	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

Holly Cow! Sweet Shop, LLC.		
(Name of the Limited L (A F	lability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on Febuary 16, 2018	and assigned
Florida document number L18000042480	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Holy Cow! Sweet Shop, LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	۵۰	
• •		
<u>(Principal office address MUST BE A STREET A</u>	DDKE33)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		7 7 8
	registered office address on our records, g	nter the name of the n
registered agent and/or the new registered office	address here:	Sill I was
Name of New Registered Agent:		F 10
1000 411		9
New Registered Office Address:	Enter Florida street address	- Care -
	, Floric	da
-	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	March 05, 20	18		(C)	64	44, 50
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	runent of State's records.					
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record specifies a delayed enough the Department's effective date on the Department's effective date of the Policy date of t	d is filed.	_•				

Page 3 of 3

Filing Fee: \$25.00