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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sweet Tee's Carrival Treats UC  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:	
Tionra Mitchell Name of Person	
Sweet Tee's Carnival Treats LLC Firm/Company	
1521 S. We Address	
Hollywood, FL 33023 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tibnya Mitgell at (454) 243-0720  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 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)	atus &

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

Sweet Tees Carniv	al Treats LVC
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on March 13, 2018 and assigned
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 "Li	mited Liability Company," the designation "LLC" or the abbreviation "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 registered	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	
Name of New Registered Agent:	AAR HAR
New Registered Office Address:	ARY SSEE
	Enter Florida street address , Florida
Non-Borden de America (Charles Charles	City Zip Code
New Registered Agent's Signature, if changing Register  Lhoveby accept the appointment as registered agen	ed Agent: t and agree to act in this capacity. I further agree to comply with the
i nereby accept the appointment as registered agen	t and agree to act in this capacity. I jurther 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tionna Mitchell	1521 5. 66th Are	Z Add
		Hollywood, FL 33623	Remove
			Change
AMBR	Anna Loidler	1521 S. With Ave	🗖 Add
		Hollywood, FL 33023	Remove
			C Change
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Effective date, if other than the date of filing:  (of an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	after filing.) Pursuant	to 605.0207 be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the	earlier o
Dated		
LAMMON STAA		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00