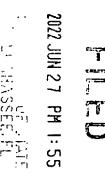
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| (Requestor's                       | Name)                |
|------------------------------------|----------------------|
|                                    |                      |
| (Address)                          |                      |
| (Address)                          |                      |
| (City/State/Z                      | ip/Phone #)          |
| PICK-UP W                          | /AIT MAIL            |
| (Business Ei                       | ntity Name)          |
| (Document N                        | lumber)              |
| Certified Copies Ce                | rtificates of Status |
| Special Instructions to Filing Off | icer;                |
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06/27/22--01013--002 \*\*25.00





## **COVER LETTER**

| TO: Registration Section Division of Corporations        |  |   |
|--|--|---|
| SUBJECT: SWEET GIT.                                      | ter LLC'   |   |
| Name of Lim  | ited Liability Company   |   |
|  |  |   |
| The enclosed Articles of Amendment and fee(s) are sub    | omitted for filing.  |   |
| Please return all correspondence concerning this matter  | to the following:  |   |
| Dionerys A   | <u>Mercedes</u> Jimene 2   |   |
| , ,  | Name of Person   |   |
| SW   | eet lalit ter  |   |
|  | Firm/Company   |   |
| 41 SE 5th  | Street, Apt 502  |   |
|  | Address  |   |
| MAMI, FL.  | 33131  | - |
| 1 0, -0 1/11   | City/State and Zip Code  (LN 2297 @ OVH OOK, 1000  to be used for future annual report notification)  all: |   |
| For further information concerning this matter, please c | all:   | Ų |
|  | 106 700 1725 75 55   |   |
| Dinerys Mercades Jimerez Name of Person                  | at (+86) +88 1 7 0 ) Area Code Daytime Telephone Number  |   |
|  |  |   |
| Enclosed is a check for the following amount:            |  |   |
| \$25.00 Filing Fee \$\sum \text{Certificate of Status}\$ | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &                      |   |
|  | (additional copy is enclosed)  Certified Copy (additional copy is enclosed)                                |   |
|  |  |   |
| Mailing Address:   | Street Address:  |   |
| Registration Section Division of Corporations            | Registration Section Division of Corporations  |   |
|  |  |   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sweet Glit-  | ter luc   |
|--|---|
| (Name of the Limited Liabili)  | ty Company as it now appears on our records.)<br>a Limited Liability Company) |
| (A Fiorida   | Company were filed on $\frac{5/11}{2018}$ and assigned                        |
| The Articles of Organization for this Limited Liability C  | Company were filed on and assigned and assigned                               |
| Florida document number <u>L 18000  8349</u>   | <u>_</u> .  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limi  | ited liability company here:  |
| Eternal FANTA  | ISEA LLC  |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 20  |
| (Principal office address MUST BE A STREET ADDR  | RESS)   |
|  | 2   |
|  |   |
| Enter new mailing address, if applicable:  | inc.  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  | <u> </u>  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, enter the name of the new registe            |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address  |
|  | Florida   |
|  | 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 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> | Address     | Type of Action   |
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| effective date is listed, the date must te: If the date inserted in this blo | be specific and c | cannot be prior t |                  |                   | ays after filin | ig.) Pursu       |             |           |
| rument's effective date on the De  |                   |                   | •                |                   |                 |                  |             |           |
| cord specifies a delayed effective   | date, but not a   | n effective tir   | ne. at 12:01 a   | .m. on the earlie | er of: (b) 1    | The 90th         | dav afte    | er the    |
| s filed.   |                   |                   |                  |                   |                 |                  | •           |           |
| ed 6/17  |                   | 2002              |                  |                   |                 |                  |             |           |
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