





07/05/18--01004--016 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suret Sensation Mini Donots LLC 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:
Tamara Smith
Sweet Sensation Mini Donots LLC
1536 NW 17th Ave Apt 1
Pompano Beach F/ 33069 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (154) 8.31-9100 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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

Or -

Sweet Sensation (Name of the Limited Liability Company (A Florida Limited Liability)		C
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/800D/56650</u>	vere filed on $\frac{10/35/18}{}$ and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi		e of the new
registered agent and/or the new registered office address here:	₩.	<u>~</u>
Name of New Registered Agent:	<u>>:</u>	<u>₩</u>
New Registered Office Address:	Enter Florida street address	= <u>-</u>
New Registered Agent's Signature, if changing Registered Agent:	, Florida, City	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar wovided for in Chapter 605, F.S. Or, if this doc	ith and cument is
If Chang	ing Registered Agent, Signature of New Registered Ag	ent

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 **Type of Action** Title Name AMBR AKXIS Johnson 233 NE. 2615 St PANDERON Prompano Brach F1 33064 Remove _□ Change Tamara Smith 1536 NW 17th Ave Apt 1 Add

- Remove Beach F1336 Remove AMBR Talissa Johnsu 1536 NW 17th Ave Apt / Nadd
Pompano Beach Fl 3346 Remove □ Change ☐ Remove Change □ Add ☐ Remove ☐ Change

Effective date, if other than the date of filing: I an effective 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 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member.									
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Filing Fee: \$25.00