## 48000/62622

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(City/State/Zip/Phone #)
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## **COVER LETTER**

Division of C	orporations			
Scripted SUBJECT:	Sweetly Creative Company, L	LC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are subi	nitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Taryn Manning			
	Scripted Sweetly Creative C	Name of Person Company, LLC		43
		Firm/Company		1.4
	2143 Periwinkle Way, Unit	· ·		
		Address		است ا ا
	Sanibel, FL 33957			رب
	scriptedsweetly@gmail.com	City/State and Zip Code		<u> </u>
	E-mail address: (	to be used for future annual report noti	fication)	
For further information	n concerning this matter, please ca	all:		
Taryn Manning		720 201-5970		
Nam	e of Person	at ()	e Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional cop	f Status &
MA	ILING ADDRESS:	STREET/COUR	IER ADDRESS:	

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

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scripted Sweetly Creative Company, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our recor ed Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compa	my were filed on 7/4/2018	and assigned
Horida document number L18000162622		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" 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)		
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		ا مسرد ابن
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our record here:	ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Taryn Manning	2143 Periwinkle Way, Unit A, Sanibel, FL 33957	■ Add
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(If an c Note:	ffective date is lis : If the date ins	ther than the da sted, the date must be serted in this block and date on the Depar	e specific and cam k does not meet	not be prior to date the applicable sta	of filing or more that	opti nan 90 days after puirements, thi	r filing.) Pursua	ant to 605.02 at be listed
If the re (b) Th	ecord specifi e 90th day a	es a delayed e after the recor	effective date d is filed.	, but not an e	effective time	e, at 12:01 a	a.m. on the	e earlier
Dated	10/17/2018			·				
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	-4/	11/2/	gnature of a mem	her or <b>authorize</b> d r	epresentative of a	member		
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Filing Fee: \$25.00