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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SWeet Touch Frofessional Movers 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:
Tracy Halls Name of Person
Sweet Touch Professional Movers
841 Prudental Drive
City/State and Zip Code  trace hodge 1015 amail. com Engil address: (tope used for future annual report notification)
For further information concerning this matter, please call:
Tracy Hodge at (770) 519 - 91643 55 760  Area Code Daytime Telephone Number 7 757
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 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

Sweet Touch Protessional Movers L'a
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>L 18 000 17 67 51</u> a.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  COCKSONVILLE FL 332207
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Tracy Horax  New Registered Office Address: 841 Phydera Cal Drive
Enter Florida street address
City Florida 32207  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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	James Hoose	841 Productial Drive	□ ∧dd
		Jecksonville FL 3220=	}_ <del>□ Rem</del> ove
			Change
AMBR	James Hodge	Lacksonville FL 3200	Add
		Jacksonville FL 3200	2 Remove
Dogiste	red		Change
Agent	ared James Hodge	541 Prudential Allur Jacksmylle FL 32207	<u> </u>
		Chetsmulle FL 32207	1 Remove
			Change
			□ Add
			Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
			_□ Remove
			Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please removed Samo Hodge from
all records that were fixed on 7/23/2017.
The UC filing need to have tracy Hodge
name on the document Tames Hode
does not have any title or authorization
Concerning this document.
L18000176756 Filed should only
teflect Tracy Hodge name.
Tarina Hawface Harres.
<del> </del>
E. Effective date, if other than the date of filing: 1/10/2019 (optional)
(If 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 (3)(b. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 1/10/2019
Dated 11 A
Dated 102019  Complete Signature of a member or authorized representative of a member Trow Hodge  Cyped or printed name of signee
Trace Inda.
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00