

L18000208214

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

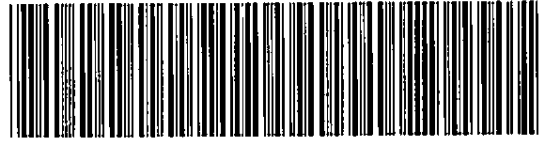
(Business Entity Name)

(Document Number)

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2-20-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIKA'S SWEETS & TREATS 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:

Tangaynika Potts

Name of Person

NIKA'S SWEETS & TREATS LLC

Firm/Company

5475 NW St James Dr, SUITE 418

Address

Port St. Lucie, FL 34983

City/State and Zip Code

nikassweetsandtreats@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tangaynika Potts

Name of Person

954 448-1993
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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 Address:

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**

NIKA'S SWEETS & TREATS LLC

(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 on 08/28/2018 and assigned
Florida document number L18000208214.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5486 NW Empress Cir

Port St Lucie, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5475 NW St James Dr

SUITE 418

Port St Lucie, FL 34983

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:

TANGAYNIKA POTTS

New Registered Office Address:

5486 NW Empress Cir

Enter Florida street address

Port St Lucie

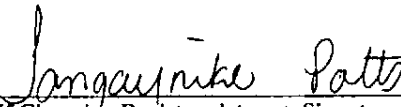
City

Florida 34983

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>	<u>Type of Action</u>
MGR	ALICHA COVINGTON	701 NW 14TH TERR	<input type="checkbox"/> Add
		FT LAUDERDALE, FL. 33311 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARONE L RICHARDSON SR.	720 NW 15TH AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33311 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	TANGAYNIKA POTTS	5486 NW Empress Cir	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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 MARCH 3rd 2025

Lamganyika Patts
Signature of a member or authorized representative of a member

TANGAYNIKA POTTS

Typed or printed name of signee