118000232805

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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10/15/18--01014--027 **25.00



M. MILLIGAN NOV 2 6 2018



October 20, 2018

AMBER DORSEY PO BOX 37516 JACKSONVILLE, FL 32236

SUBJECT: SWEET FUNN LLC Ref. Number: L18000232805

We have received your document for SWEET FUNN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 718A00021515

2018:13V 19 AN 9:31

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet Fun UC 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:
Amber Dursey
Firm/Company
P. D. BOX 37516 Address
Jachsonville Pl 32236 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
904) \$999-2480 Amber Dois at J 904, 899-2480 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 NOV 19 PM 125 09
SECRETARY OF MAKE

Owest Fund (Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on DC4 2, 2018 and assigned
Florida document number <u>L 18 00023</u>	
This amendment is submitted to amend the fol	lowing:
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 appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u> </u>
	1/or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	office address nere:
Name of New Registered Agent:	Amber Doisey
New Registered Office Address:	9142 Cam shire dr 1100 Kings Rd unit 4029 Jax Fl 32242 Enter Florida street address
	, Florida City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

6

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>	Address	Type of Action		
AMBR	Dontae Dixon	Jacksonville El 322 03	IJ Add		
		Jacksonville F1 322 03	□ Remove		
			Change		
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			□ Remove		
			Change		
			□ Remove		
			Change		
			□ Add		
			□ Remove		
			□ Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
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E. Effective date, if other than the date of filing: 1/17/18 (option of the filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the date of filing or more than 90 days after the	onal)	
(if all effective date is fiscal, are date mast of specific and carmother prior to date of fining of more than 70 days after	filing.) Pursuant to	605.0207 (3)(1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be l	listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on the ea	rlier of:
(b) The 90th day after the record is filed.		
Dated		
	_7	~ 9
Signature of a member or authorized representative of a member	<u>*</u>	201
Signature of a member or authorized representative of a member Ambler Dor Seed Typed or printed name of signer	-4 THE	61 A0N
Amber Dorsey		1
Hyped or printed name of signee		7
Page 3 of 3	4	139 C)

Filing Fee: \$25.00