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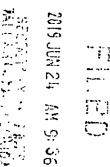
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Y SULKER
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COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: The Sugar Mix, 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:
Kimberly JAKER- Name of Person The Sugar Mix, LLC Firm/Company 18801 N. DALE MARRY HWY. #150 Address Litz, FL 33548 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim JAKER at (484) 340-711 2 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \$30.00 \text{ Filing Fee} \\ & \$30.00 \text{ Filing Fee} \\ & Certificate of Status \\ & Certificate of Status \\ & (additional copy is enclosed) \end{array} \$\Begin{array}{c} \$60.00 \text{ Filing Fee}, & Certificate of Status \\ & Certificate Opy & Certificate of Status \\ & Certificate Opy & (additional copy is enclosed) \end{array}

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

The Suc	gar Mix,	LLC		
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabili	it now appears on our ty Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L19000045</u>		filed on $y/2$	1,9	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability o	company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	mpany," the designatio	п "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		The state of the s	2019 JUN 24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				14 22 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office	address on our re	ecords, enter th	ne name of the new
Name of New Registered Agent:				
New Registered Office Address:	18913	W: 110 w mo! Enter Florida street	re Cedar address	Drive
	<u> </u>	Zity	, Florida <u>3</u>	3558 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</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
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ffective date	, if other than the date (of filing:		(optional)
an effective date	e is listed, the date must be spe	ecific and cannot be prior to d		lys after filing.) Pursuant to 605.0207 nts, this date will not be listed as
	ective date on the Departm		statatory ming requirement	als, and date will not be risted as
	ecifies a delayed effe		n effective time, at 12	2:01 a.m. on the earlier o
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Pated $\overline{\mathcal{J}}$	une 21	<u> 2019</u> .		
	Land.	1 11		
	Signat	ure of a member of authorize	representative of a member	
	/ /	/		
	Kimberly	1 Marie	-0	

Page 3 of 3

Filing Fee: \$25.00