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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark R. Valley		
		Name of Person	
	Attorney at Law		
	-	Firm/Company	
	6655 Main Street, Suite 12	0	
		Address	
	Downers Grove, IL 60516		
		City/State and Zip Code	
	mvalley@lawmrv.com E-mail address: (to be used for future annual report no	iling. wing: e of Person //Company ddress and Zip Code r future annual report notification) 630 541-9645 Area Code Daytime Telephone Number D0 Filing Fee & S60.00 Filing Fee, Certificate of Status &
For further information c	oncerning this matter, please c	all:	
Mark R. Valley		630 541-9645	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres			
Registration : Division of C			
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet I	Pea Florida LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on January 10.	2019 and assigned
Florida document number L19000012483	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Swee'Pea Florida LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	 1
		्रास्त्री हो 💥
Enter new mailing address, if applicable:		و مستور میلو در این
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
		2 : 2
B. If amending the registered agent and/or registered	office address on our records, en	iter the name of the new registere
agent and/or the new registered office address here:	-	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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>:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
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n effective date is listed, the date must ote: If the date inserted in this blo	ock does not mee	t the applical	o date of filing o ole statutory fi	r more than 90 di ling requireme	iys after filing.) I nts, this date w	'ursuant t 'ill not b	o 605.0 e listec
ocument's effective date on the De	partment of Stat	e`s records.					
ecord specifies a delayed effective	date, but not an	effective tim	ne, at 12:01 a.r	n. on the earlie	rof: (b) The	90th day	after (
is filed.							
January 17	:	2020					
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Filing Fee: \$25.00