L19000032588

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
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C. GOLDEN APR - 2 2019

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJEC		TEST CREATIONS LLC		
SUBJEA	L-1:	Name of Li	mited Liability Company	
The enci	iosed Article:	s of Amendment and fec(s) are su	bmitted for filing.	
Please re	eturn all corre	espondence concerning this matte	r to the following:	
		BELITZA DIAZ RAMIR	EZ	
		SWEETEST CREATION	Name of Person IS LLC	
3726 PALM DESERT LI		3726 PALM DESERT LN	Firm/Company NAPT 5227	
		ORLANDO FL 32839	Address	
		BELITZADIAZ_26@OUT	City/State and Zip Code "LOOK,COM	
		E-mail address:	(to be used for future annual report notif	fication)
For furth	er informatio	on concerning this matter, please of	all:	
BELITZ	A DIAZ RAI	MIREZ	407 9946705 at ()	
	Nam	ne of Person		c Telephone Number
Enclosed	is a check fo	or the following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahasses, El. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

SWEETEST CREATIONS LLC	SW	EETEST	CREAT	IONS	LLC
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2019 MAR 22 PM 6: 47

(Name of the Limit)	A Florida Limited Liability Company)	and the second second
The Articles of Organization for this Limited Li. Florida document number L19000032588	ability Company were filed on 01/31/2019	and assigned
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E		
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>en</u> ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Ro	City	Zip Code

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
MGR	BELITZA DIAZ RAMIREZ	3726 PALM DESERT LN APT 5227 ORLANDO FL 32839	≅ Add
			Remove
	NATASHA DIAZ RAMIREZ	2724 BALA4 DECEMENTAL A DE	□ Change
AMBR	NATASHA DIAZ RAMIKEZ	3726 PALM DESERT LN APT 5227 ORLANDO FL 32839	Add
			Remove
			🖹 Change
			
			□ Remove
			☐ Change
			Add
			Remove
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E. Effectiv	ve date, if other than the date of fi	filing: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3
docume	nt's effective date on the Department of	of State's records.
£ 1		
the reco b) The 9	ord specifies a delayed effective 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated F	EBRUARY 18TH	2019
		 · ·
		Notario
	Signature of	of a member authorized representative of a member
	NATASHA DIAZ RAMIREZ	
		Typed or printed name of signee

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Filing Fee: \$25.00