L19000058662

(Requ	iestor's Name)	
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(7.00)	030,	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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Arend LLC 05/14/19 DC TO:

Registration Section

COVER LETTER

Division of C	Corporations		
Hugs N	Suga LLC		
Object:	Name of Lin	nited Liability Company	
the enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
lease return all corre	spondence concerning this matter	to the following:	·
	Terika Davis		
		Name of Person	
	Hugs N Suga		• •
	,	Firm/Company	
	11250 Old St Augustine R	d, Ste 358	
		Address	
	Jacksonville, Fl 32257		
	stickers@hugsnsuga.com	City/State and Zip Code	
		to be used for future annual repo	rt notification)
or further information	n concerning this matter, please c	all:	
Terika Davis		904 342-33 at ()	40
Nam	e of Person	Area Code L	aytime Telephone Number
inclosed is a check fo	r 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 enclose
	ILING ADDRESS:	STREET/CO	OURIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alloway L. C.D.

Hugs N Suga LLC (Name of the Limited Liability Company as it now appears on our records.)

(AT)	orda Linnea Liaonny Company)	(5)
The Articles of Organization for this Limited Liabili	ty Company were filed on 02/28	2/2019 and assigned
Florida document number L19000058662		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company bere	:
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	-	in records, enter the name or the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida	street address
		, Flo ri da
	Ciţ	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my agent as provided for in Cha ered office address, I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	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

Title	Name		Address	Type of Action
MGR	Terika Davis		4873 Deeder Ct Jacksonville, Fl 32258	≌ ∧dd
				□ Remove
				☐ Change
AMBR	Terika Davis		4873 Deeder Ct Jacksonville, Fl 32258	B Add
				□ Remove
				Change
			· ·· ,	
			_	□ Remove
				☐ Change
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an effe ote: l	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	25/13/2019
	Signa Zee representative of a member

Page 3 of 3

Filing Fee: \$25.00