L190000 97286

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: SWELL Bar L.L.C. 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:
Natalie Plant Name of Person
Sweet Bar L.C.C. Firm/Company
3572 Putnam Rd.
St. Augustine FL. 32086 City/State and Zip Code natalie dawn 92@gmail.com E-mail address: (to be used for futble annual report notification)
nataliedawn 92@gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Natale Plant at (904) 599 - 4702 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee

MAILING ADDRESS:

TO:

Registration Section

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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on App	118,2019	and assigned
Florida document number $\underline{L1900097286}$.	•	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			5
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			P 2000
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ur records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr	ree to act in this cap	acity. I further agre	e to comply with the

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	Natalie Plant	3572 Putnam Rd. St Aug. Fl. 320860	_ ™ Add
			Remove
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			Change

If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the	late, if other than the date of filing:
the record) The 90tl	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the day after the record is filed.
Dated //	Material Plat
-	Signature of a member or authorized representative of a member Natalie D. Plant Typed or printed name of signee

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Filing Fee: \$25.00