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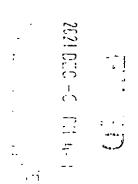
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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A. BUTLER DEC 15 2021

COVER LETTER

TO:	Registration Division of	i Section Corporations				,	•
SHRIE	CT: S	SWEET HOP	1E US	A LLC	. •	~	•
30000	C1	1	Vame of Limit	ed Liability Company			
The end	losed Articles	of Amendment and fe	e(s) are subm	nitted for filing.			
Please r	eturn all corre	espondence concerning	this matter to	o the following:			
			SIXTO	O ESPEJU	·		
				Name of Person			
			SWEE T	HomE 11	SA LL	ے د	
				Firm/Company			
		1251	3 W11	LOUGHBY	LANG	E	
							
		TACK	'SDA/1/11	IF FL	Son WSA LLC Iny Y LANE 32225-5600 p Code ENT (a) GMAIL. Comp annual report notification) My 365-7368 Daytime Telephone Number The second of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Treet Address: egistration Section Division of Corporations the Centre of Tallahassee		
				City/State and Zip Co	rde		
For furt	her informatio	on concerning this matt				,	
	SIXTO	ESPEJO		at (904)	365-7	7368	
	Nar	ne of Person		Area Code	Daytime	Telephone Number	
Enclose	ed is a check f	or the following amoun	t;				
⊡∕\$ 25	5.00 Filing Fe	e \$30.00 Filing Certificate		Certified Copy	7	Certificat Certified	e of Status & Copy
	Mailing Add						
	Registration of	on Section of Corporations					
	P.O. Box	5327			•		
	Tallahasse	e, FL 32314		2415	N. Monroe	Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SWEET HOME USA L	-LC 2021 N-0 C No.
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Any as it now appears on our records.) 200 0 111 4. 1. Liability Company)
e Articles of Organization for this Limited Liability Company	2017018
·	were filed on MAY 502019 and assign
orida document number <u>L 19000144332</u>	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	bility company here:
NOT APPLICABLE	
e new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C
nter new principal offices address, if applicable:	12513 WILLOUGHBY LANE
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	PO BOX 17733
failing address MAY BE A POST OFFICE BOX)	PO BOX 17733 TACKSUNVILLE, FL 32245
If amending the registered agent and/or registered office	address on our records, enter the name of the new re
ent and/or the new registered office address here:	
Name of New Registered Agent:	OT APPLICABLE
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address, Florida City Zip Cock

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 heing 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>	Name	Address	Type of Action
AMBR	ANGELITA A ESPEJU	12513 WILLOUGHBY LANE	দ্ৰ∕Add
		JACKSONVILLE FL 32225	□Remove
			□Change
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record s	specifies a	delayed effec	tive date, bu	t not an	effective	time, at 12	:01 a.m. o	the earlier	of: (b) T	The 90th day	after the
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		MBER	xtos	<u> </u>		_					
			Signature	of a/mei	mber or aut	horized repr	resentative o	f a member			
			-								

Filing Fee: \$25.00