

L19000159562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

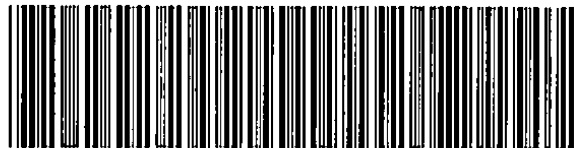
(Business Entity Name)

(Document Number)

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07/15/19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 AM 9:41

2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAYE'S SWEET TREATS LLC
Name of Limited Liability Company

JUL 15 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARISSA RODGERS
Name of Person

KAYE'S SWEET TREATS LLC
Firm/Company

2704 N. PALM CT
Address

TAMPA, FL
City/State and Zip Code

KARISSA R 30@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARISSA RODGERS at (813) 580-3180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 enclosed)

MAILING ADDRESS:
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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Maize 's Sweet Treats Limited Liability Company
(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 JUNE 17, 2019 and assigned Florida document number L19000159542.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Maize 's Sweet Treats LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 5352
Tampa, FL 33675

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

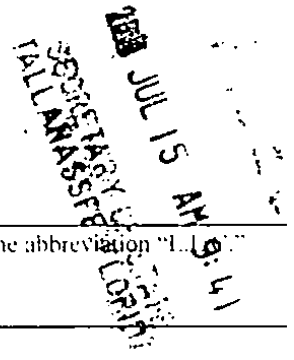
Enter Florida street address

_____, Florida
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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



Transferring 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Karissa H. Rodgers	2704 N. Royal Ct Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Jarmaine A. Cann Jr.	2704 N. Royal Ct Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Alexis H. Rodgers-Cann	2704 N. Royal Ct Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Jalen A. Cann	2704 N. Royal Ct. Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
A			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
CEO	Karissa H. Rodgers	2704 N. Royal Ct. Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 3, 2019

Yharuna Rodgers
Signature of a member or authorized representative of a member

Yharuna Rodgers
Typed or printed name of signee