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COVER LETTER

TO:		tion Secti of Corpo			
SUBJE		etheart Ca	arts		
SUBJE		······································	Name of Limit	ed Liability Company	<u> </u>
The end	closed Arti	cles of An	nendment and fee(s) are subm	nitted for filing.	
Plcase	return all co	orrespond	ence concerning this matter to	the following:	
			Mary Schultz		
				Name of Person	
			Sweetheart Carts		
				Firm/Company	
			1068 Eniswood Pkwy		
				Address	
			Palm Harbor, FL 34683		
			info@sweetheartcarts.com	City/State and Zip Code	
		•	E-mail address: (to	be used for future annual report notifica-	ation)
For furt	ther inform	ation con	cerning this matter, please cal	1:	
Mary S				561 693-8826 at ()	
	:	Name of Po	erson	Area Code Daytime T	elephone Number
Enclose	ed is a chec	k for the f	ollowing amount:		
S \$25	5.00 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:

TO:

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

Sweetheart Carts		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number L19000171004	vere filed on July 1, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9349 Den	ton Ave
(Principal office address MUST BE A STREET ADDRESS)	Ste. D13 Hudson FL	34667
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records.	ALE COMPANIE OF the nev
registered agent and/or the new registered office address here:		7 V 2
		55
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
		<u> </u>
	, Flori	08 Zin 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 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	Mary Schultz	1068 Eniswood Pkwy Palm Harbor, FL 34683	B Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
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ective date, if other than a effective date is listed, the date te: If the date inserted in thi rument's effective date on the	must be specific and s block does not a	d cannot be prior to meet the applicab			ng.) Pursuant to 605.0207
record specifies a dela he 90th day after the			an effective tim	ne, at 12:01 a.n	n. on the earlier o
		2010			
		,	. •		
November 8 Mar	y P Si	,)	a member	

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Filing Fee: \$25.00