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ΓΟ: Registration Section Division of Corporations

SUBJECT: Sweet Little Things by Kimmie + Kavannach LLC. 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:

Kimberly Bryant + Satina Clark 3655 N Monroe St-Address Tallahascice, FL 32303 City/State and Zip Code Kimmie and Kavannan@amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at (<u>220)</u> <u>321-3772</u> Area Code Daytime Tetephone Number Kumberly Bigaint

Enclosed is a check for the following amount:

☑ S25.00 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 P

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Sugar Tee's Sweet En		COH BILS
( <u>Name of the Limited Liability Compa</u> ) (A Florida Limited L	ny <u>as it now appears on our records.</u> Jability Company)	MSSE ANSSE
The Articles of Organization for this Limited Liability Company	were filed on 9419	and assigned
Florida document number <u>L19000216435</u>		and assigned
This amendment is submitted to amend the following:		5r. o
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Sweet Little Thirigs by Kimr The new name must be distinguishable and contain the words "Limited Liabil	me + Kavanach U	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3655 N monrue	: SH
(Principal office address MUST BE A STREET ADDRESS)	Tallahassoe +L	
	32303	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	-	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	ta -
t	, 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 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Handing Buj Out I 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
— <u> </u>			🖸 Add
			🖸 Remove
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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)(b) 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 November 4 . 2019	
Kulture of a member or authorized representative of a member	
Signature of a moniber or authorized representative of a member	
Konberly Brycint Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00