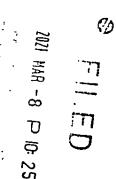
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TO: Registration S Division of Co	rporations		
SWEET E	SALTY LLC		a
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Giacomo Bossa		
		Name of Person	
	Barakat + Bossa, PLLC		
		Firm/Company	
	2701 Ponce De Leon Blvd.	. Suite 202	
		Address	· · · · · · · · · · · · · · · · · · ·
	Coral Gables, FL 33134		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notificati	on)
For further information	concerning this matter, please ea	aft:	
Giacomo Bossa		305 444-3114 at ()	
Name	of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32.	n ations thassee To

DocuSign Envelope ID: 3BC156BA-F28F-4664-A6E9-9D2732B4A9B4 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET E SALTY LLC	
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L19000300321}{L19000300321}$.	npany were filed on 12/10/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	f liability company here:
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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Emer Florida street address
	City Florida 1
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am family with and at as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability

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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	JIMMY JAY MULLAJ	2701 Ponce de Leon Boulevard, suite 202	_ ≣Add
		Coral Gables, F1. 33134	_ □Remove
			_ 🗆 Change
			_ □Add
			_□Remove
			_ 🗆 Change
			_ 🗆 Add
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		25. 20	D D D D D D D D D D D D D D D D D D D
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ffectiv	ve date, if other than	the date of fili	ng:		(opțional)	2
	ctive date is listed, the date If the date inserted in th				than 90 days after filing.) Pursuant to 605,0207
	nt's effective date on the			me macany ming t	ciantine in a contraction	
	l specifies a delayed effe t	ective date, but n	ot an effective tir	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
d is file	.υ,					
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	113/03/2	2021				
	03/03/2	2021		_ •		
	<u> </u>					
rd is file Dated _	<u>v3/v3/2</u>		a member or autho	rized representative of	a member	

Filing Fee: \$25.00