

L20 000015101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

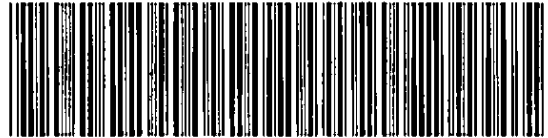
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2020 SEP 17 PM 6:03

PM 6:03

D BRUCE
OCT 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Candy Tree-ations, 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:

Shonalesia Mason
Name of Person

Candy Tree-ations, LLC
Firm/Company

1441 Firewheel Dr
Address

Wesley Chapel, FL 33543
City/State and Zip Code

Candytreations@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shonalesia Mason at (813) 857 8595
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Candy Tree-ations, LLC

(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 1/8/2020 and assigned
Florida document number L20000015101.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

1441 Firewheel Dr.
Wesley Chapel, FL 33543

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1441 Firewheel Dr.
Wesley Chapel, FL 33543

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

Name of New Registered Agent:

Shonalesia Mason

New Registered Office Address:

1441 Firewheel Dr

Enter Florida street address

Wesley Chapel, Florida FL 33543

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, I hereby confirm that the limited liability company has been notified in writing of this change.

Shonalesia Mason

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>	<u>Address</u>	<u>Type of Action</u>
CED	Shonalesia Mason	1441 Firewheel Dr	<input type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	De Shawn Mason	1441 Firewheel Dr	<input type="checkbox"/> Add
	↑ space inbetween	Wesley Chapel FL 33543	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP 17 6:00
TALLAHASSEE, FL

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

All addresses need to be changed to
1441 Firewheel Dr
Wesley Chapel FL 33543

And- DeShawn's name (MGR) has a space
in between the "e" & the "S." Please make
that change as we are not able to open
bank account without this change.

Thank you.

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SECRETARY OF STATE
TALLAHASSEE, FL

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 9/14/2020

Shonalesia Mason

Signature of a member or authorized representative of a member

SHONALESIA MASON

Typed or printed name of signee