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(Requestor's Name)	
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SECRETARY OF STATE
SEC

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sugar Pop Jail Emporium 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:	
Mailah Hanilton	
Sugar Pap Nail Empor	<u>::u</u> m
16165 NW 150 St Address	
Pembroke Pines 3302 City/State and Zip Code	<u>~8</u>
E-mail address: (to be used for future anual report notification)	_
For further information concerning this matter, please call:	
Name of Person at (954) (999 - 788) Area Code Daytime Telephone Num	2 iber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

<i>c</i> n) \	1971 2021
(Name of the Elmited Liability C (A Florida Lin	Company as it now appears oil our r	FILE 2022 APR 26 SECRETARY SECRETARY SECRETARY SOLUTION TALLAMASSI COURTS COURT
The Articles of Organization for this Limited Liability Com Florida document number <u>1,2000002389</u>	•	PR 26 Americans STATE TARK Conduction STATE TARK CONTROL TO THE TARK STATE TO THE TA
This amendment is submitted to amend the following:		<u> </u>
A. If amending name, enter the new name of the limited		
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>(3)</u>	1/A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	b_/	<u> </u>
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>e</u>	enter the name of the new registered
Name of New Registered Agent:	<u> </u>	A
New Registered Office Address:	Enter Florida street d	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an ef Note:	tive date, if other than the date of filing: 4 - 27 - 22 (optional) fective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he recordis fi	rd 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 fled.
Dated	April 27 . 2022
	_ Malle Mass
	Signature of a member or authorized representative of a member
	Nailah Hamilton Typed or printed name of signee

Filing Fee: \$25.00