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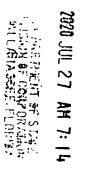
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

(1 T 1 P 1 P 2 C) (P)	TREATS, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Debbie Silva		
		Name of Person	
		Firm/Company	
	16141 SW 156 Avenue		
		Address	
	Miami, FL 33187		
		City/State and Zip Code	
	debbie1480@yahoo.com		
	li-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Debbie Silva		786 623-9006	
Name o	t Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLESSED TREATS, LLC

	(A Florida Limited)	ny as it now appears o Liability Company)	<u>n our records.</u>) च्यु
The Articles of Organization for this Limited I Florida document number L20000062275	Liability Company	were filed on $\frac{02/25}{2}$	2020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	16141 SW 156 Avo	nue
Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 33187	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		Miami, FL 33187	
Willing Bulless MAT BE A FOST OFFICE			
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, enter the name of the new registe
3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:		rds, <u>enter the name of the new registe</u>
3. If amending the registered agent and/or agent and/or the new registered office addre			
3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	Avenue	

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 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
AMBR	Debbie Silva	16141 SW 156 Avenue	
		Miami, FL 33187	□Remove
_			DAdd
			□Remove
			□Change
			
			Remove
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ective date, if other than the	date of filing	02/24/202 g:			(optio	nal)	
n effective date is listed, the date mus te: If the date inserted in this blo	be specific and	d cannot be pri	or to date of f	iling or more th	an 90 days after t	iling.) Pursuant to 6	05.0207
cument's effective date on the De	partment of S	State's record	is.	iory ming req	unements, this	date will not be i	isted as
eord specifies a delayed effective	date, but not	an effective	time, at 12:	01 a.m. on th	e earlier of: (b)	The 90th day at	iter the
s filed.							
July 21		2020					
ted July 21		,	-/· ·)				
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Typed or printed name of signce