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JUN 29 2020



S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: TOOLS SWEET TROOTS ILC	
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:	
VICS H. Bonjamin Name of Person	
TOO'S Succt Tracks Firm/Company	LLC
4805 E. 75t Ava. Address	
Destroy Beach FL 33444 City/State and Zip Code	4
	notification)
For further information concerning this matter, please call:	
Name of Peeson at (501) Area Code Day	Vince Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address Registration	

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 OF

23

TOOK'S Succt Tr	cotsilc	20 25
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our i	records.)
(A FISHOU DIMIN	ed Indianity Company)	2
The Articles of Organization for this Limited Liability Compa	ny were filed on WITCH	108, 2020 and assigned
Florida document number \(\textit{2000}\) (67805).		108, 2020 and assigned
Tiorida document number CACATE X 16 170 . 7		on the
This amendment is submitted to amend the following:		. ن دن ،
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	-	<u>,</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>c</u>	enter the name of the new registere
agent and/or the new registered office address here:		
Name of Nam Baries and America		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	address
<u></u>		_, Florida
	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.

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
MGAM	Yves M. Bonjamin	4805 F 151 Ave Delray Beach	FL Brada
		33444	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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ective date, i	f other than th	he date of filir)g:			_ (optional)	
ie: If the date	inserted in this	block does not	meet the appli	icable statutory	or more man 90 o filing requireme	ays after filing.) Pents, this date w	Pursuant to 605,0207 ill not be listed as
ument's effec	tive date on the	Department of	State's record	S.			
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cord specifies s filed.	a delayed effect	ive date, but no	it an effective	time, at 12:01 a	.m. on the earlie	er of: (b) The S	90th day after the
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