

L200000075759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

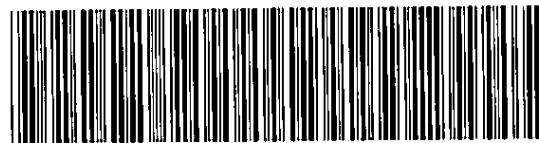
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

friend

AUG 24 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "ZSAZSA" SWEET LILY TREATS 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:

Shelia E. Jones
Name of Person

"ZSAZSA" SWEET LILY TREATS LLC
Firm/Company

7461 Crooked Lake Circle
Address

Orlando FL 32818
City/State and Zip Code

ssjones69@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelia E. Jones at 407 984 2806
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

"ZSAZSA" SWEET LILY TREATS 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 3/13/2020 and assigned Florida document number 120000075759

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)

7461 Crooked Lake Cir.
Orlando Florida
32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2394 North Powers Drive
Orlando Florida
32818

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:

Shelia Jones

New Registered Office Address:

7461 Crooked Lake Circle

Enter Florida street address

Orlando

City

Florida

32818

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

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

FIN " = 85-1142306

Multiple horizontal lines for additional information.

E. Effective date, if other than the date of filing: 04/03/2020 (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 06/13/2021

Signature of Shelia E. Jones

Signature of a member or authorized representative of a member

Shelia E. Jones

Typed or printed name of signee