120000087240

(Red	questor's Name)	<u> </u>
(Add	dress)	_
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

FO: Registration Sec Division of Corp			
Somethin S	Sweet Vending Co LLC		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Darrell Corson Maples Jr		
		Name of Person	
	Somethin Sweet Vending	CoLLC	
		Firm/Company	
	1027 Summer Breeze Dr		
		Address	
	Brandon, Florida 33511		
	somethin.sweetlle@gmail.	City/State and Zip Code com	
	E-mail address: (to be used for future annual report no	tilication)
For further information co	oncerning this matter, please ca	all:	
Darrell Corson Maples J	lr	813 919-8178	
Name of	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for th	na fallawina amaunt		
	-	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section of Ce	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company 1.20000087240	were filed on	and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		t) 23>
	H A S	2
inter new mailing address, if applicable:	SS	2 1.
E	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	7	
		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the name	of the new regis
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
-	Enter Florida street address Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Darrell C Maples Jr	1027 Summer Breeze Dr	-
	- 120	Brandon, Florida 33511	■Add
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ocument's el	ffective date on the	Department o	f State's records.					
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