LZ0000087240

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2020 JUH-5 AM 8: 06

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COVER LETTER

TO: Registration So Division of Cor		• •
SUBJECT:	Somethin Sweet Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
		Darrell Maples Name of Person
	Simo	thin Sweet lending Co L.L.C. Firm/Company
	1027 Sun	Address
		Brandon FLorida 33511 City/State and Zip Code
		to be used for Juture annual report notification)
For further information c	concerning this matter, please co	alf:
Darrell Name o	Maples of Person	at (8 13) 919 - 8178 Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Fifing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration Division of C		Registration Section Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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NY	
(<u>Same of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) All All All SEE. Fig.
The Articles of Organization for this Limited Liability Compa	
lorida document number <u>L 2 00000 87240</u> .	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited li	iability company here:
Somethin Sweet he new name must be distinguishable and contain the words "Limited Li	Vending LLC jability Company the designation "ELC" or the abbreviation "E.L.C."
Inter new principal offices address, if applicable:	
<u> Principal office address MUST BE A STREET ADDRESS)</u>	<u> </u>
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	P.O. Box 6536 Brandon FL 33508
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
ew Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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 ompany has been notified in writing of this change.

.. amenting 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
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			□Change

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Signature of a member or authorized representative of a member	ed	May	_2\		<u>0</u> .				
		 		L.M.E.					_