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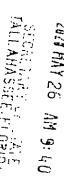
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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: <u>Cape Sweet Tr</u>	eats LLC
Name of Lie	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Joshua	Kouis Name of Person
<u>(ape Su</u>	Firm/Company
1021 Sw	11th Auc Address
_ Cape Cor	City/State and Zip Code
. Kouisbs &	Shail . com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Joshua Kouis	at (239) 595-2493 Area Code Daytime Telephone Number
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 & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  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

(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 file	d on April 20,2020 and assigned
Florida document number L 20000106753	
This amendment is submitted to amend the following:	292 ALI
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	· '''',
Enter new principal offices address, if applicable:	E A
(Principal office address MUST BE A STREET ADDRESS)	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
· .	nter Florida street address
·	, Florida
City	Ziv 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 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>	Name	Address	Type of Action
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		33991	□Change
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i effective dat	te is listed, the date	must be specific a	ind cannot be prior	r to date of filing o	or more than 90 days	s after filing.) Pu	rsuant to 605.020
<u>t<b>e:</b></u> If the di cument's eff	ate inserted in in fective date on t	is block does hol ie Department of	f State's record:	came statutory i s.	iling requirement	s, this date will	not be usted t
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		Signature of	a member or aut	norized representa	itive of a member		
		Joshua	Vanic				

Filing Fee: \$25.00