L20000147896

(Re	equestor's Name)	
(Ad	idress)	
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(Ad	(dress)	
(Cit	ty/State/Zip/Phone	: #)
·		,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
0.000.100.1		10
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Openial matractions to	r ining Officer.	
		

Office Use Only

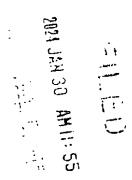


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LLCNIC Amena



A. RAMSEY JAN 3/ 2024

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COVER LETTER

Division of Co	rporations		
SUBJECT:	Mouse Rat Name of Lin	Advising LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	L	Name of Person	
	Mou	rie Rat Advisia	g LLC
	906	Pattison Ave Address	
		FL 34237 City/State and Zip Code	
		ourcesolutionse	fication)
For further information of	oncerning this matter, please c	all:	
LUCAS Ni	sly	at (<u>941</u>) <u>650</u> -	-4656
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



January 18, 2024

LUCAS J. NISLY MOUSE RAT ADVISING LLC 906 PATTISON AVE SARASOTA, FL 34237

SUBJECT: MOUSE RAT ADVISING LLC

Ref. Number: L20000147896

We have received your document for MOUSE RAT ADVISING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 224A00001034

RECEIVED

JAN 30 2024

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	OF		· 1461
Nouse Rat (Name of the Limited Liab (A Flori	Advising lity Company as it now da Limited Liability Com	LLC appears on our records (pany)	AN 30 AM 14: 55
The Articles of Organization for this Limited Liability Florida document number L_ 2_ 0 0 0 0 1 4 7	Company were filed	on June 01, 2	2020 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	nited liability comp	any here:	
Sweet Source Sol	utions L mited Liability Company	L C ." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			····
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		our records, <u>enter</u> (the name of the new registered
Name of New Registered Agent:			***************************************
New Registered Office Address:	Fn	ter Florida street address	
	15.0		
	City	, Flo	orida 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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an effective da ote: If the di	te is listed, the date rate inscribed in this	he date of filing must be specific and block does not m Department of S	cannot be prior to leet the applica	o date of filing or ble statutory fili	opti nore than 90 days afte ng requirements, the	onal) r filing.) Pursuant to 6 s date will not be li	05.0207 (sted as :
ecord specifi is filed.	ies a delayed effec	rtive date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of: (o) The 90th day af	ter the
nted	January	26	2024				
		26 Signature of a n	nember or author	ized representativ	e of a member		