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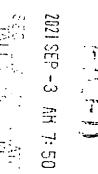
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations				
	EETS, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CATHERINE LABONTE				
		Name of Person			
	KTJ SWEETS, LLC				
		Firm/Company			
	3042 LANDING WAY				
		Address			
	PALM HARBOR, FL 346	584			
		City/State and Zip Code			
	KATE.LABONTE@COMC	CAST.NET to be used for future annual report notification	<u></u>		
For further information	concerning this matter, please c		•		
CATHERINE LABON	-	727 401-3517 at ()		2021 S SECTAL	.53×9.00
Name	of Person	Area Code Daytime Tele	ephone Number	2021 SEP -3 SECULTA: 1	, t
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)	Certified (	of Status &	1
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Section	1		
_	Corporations	Division of Corpora The Centre of Talla	itions		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KTJ Sweets LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 6/24/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		<del>.</del>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the nar</u>	
		2021 S UEG TAL
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		$\frac{\pi}{2}$ $\omega$
	Enter Florida street address	
	, Florida	: · · ·
	City	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CATHERINE LABONTE	3042 LANDING WAY	🗆 Add
		PALM HARBOR, FL 34684	□Remove
			<b>■</b> Change
			□Add
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Effective date, if other than the date of filing:			(optional)		0
If an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the appropriate document's effective date on the Department of State's record	olicable statutor	ng or more than 90 ry filing requirem	days after filing.) ents, this date v	Pursuant to vill not be	605.0207 listed as
e record specifies a delayed effective date, but not an effective dis filed.	e time, at 12:0	l a.m. on the earl	ier of: (b) The	:90th day	after the
Dated SEPTEMBER 1 2021					
A . I					
11.46	C/4				

Filing Fee: \$25.00

Typed or printed name of signee