

L200000198585

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
20 SEP 10 AM 10:16

2020 SEP 10 PM 4:08

SEP 10 2020

Amend

SEP 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-ATM-SWEETZ LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATALIA COX
Name of Person
EXECUTIVE DRIVE LLC
Firm Company
500 E BROWARD BLVD STE 1710
Address
FORT LAUDERDALE, FL 33394
City/State and Zip Code
ADMIN@EXECUTIVE-DRIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIA COX
Name of Person
561 802-0909
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 & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 SEP 10 AM 10:16

TO
ARTICLES OF ORGANIZATION
OF

TREATMESWEFTZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
20 SEP 10 AM 10:16

The Articles of Organization for this Limited Liability Company were filed on 07/10/2020 and assigned

Florida document number 120000198585

is amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2630 W BROWARD BLVD #200

Principal office address MUST BE A STREET ADDRESS

FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

2630 W BROWARD BLVD #200

Mailing address MAY BE A POST OFFICE BOX

FORT LAUDERDALE, FL 33312

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EXECUTIVE DRIVE LLC

New Registered Office Address:

1860 SW FOUNTAINVIEW BLVD #100

Enter Florida street address

PORT SAINT LUCIE

, Florida 34986

City

Zip Code

By 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

IBR - Authorized Member

<u>Id</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
58M	BROWN, KAMESHA	2630 W BROWARD BLVD #200	☒ Add
		FORT LAUDERDALE, FL 33312	☐ Remove
			☒ Change
5	RUMPH, BRESHAWN	2630 W BROWARD BLVD #200	☐ Add
		FORT LAUDERDALE, FL 33312	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

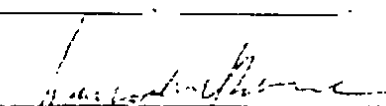
Effective date, if other than the date of filing: 09/08/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated _____



Signature of a member or authorized representative of a member

KAMESHA BROWN

Typed or printed name of signee

Filing Fee: \$25.00