L20000198585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☒ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2020 SEP 10 PM 4:08
2020 SEP 10 AM 10:16

Amend

SEP 2020

D CUSHING

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREATMESWEETZ LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) 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 at (561) 802-0909
Name of Person Area Code Daytime Telephone Number

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02 SEP 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

# TO
# ARTICLES OF ORGANIZATION
# OF

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

TREATMESWEETZ LLC

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

e Articles of Organization for this Limited Liability Company were filed on 09/10/2020 and assigned
rida document number L20000198585.

is amendment is submitted to amend the following:

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

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

**ter new principal offices address, if applicable:**
***incipal office address MUST BE A STREET ADDRESS)***

2630 W BROWARD BLVD #200
FORT LAUDERDALE, FL 33312

**ter new mailing address, if applicable:**
***ailing address MAY BE A POST OFFICE BOX)***

2630 W BROWARD BLVD #200
FORT LAUDERDALE, FL 33312

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

Name of New Registered Agent: XECUTIVE DRIVE LLC

New Registered Office Address: 1860 SW FOUNTAINVIEW BLVD #100
*Enter Florida street address*

PORT SAINT LUCIE, **Florida** 34986
*City* *Zip Code*

**w Registered Agent's Signature, if changing Registered Agent:**

*reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

removed from our records:

GR = Manager
MBR = Authorized Member

| le | Name | Address | Type of Action |
|---|---|---|---|
| GRM | BROWN, KAMESHA | 2630 W BROWARD BLVD #200 | Add |
| | | FORT LAUDERDALE, FL 33312 | Remove |
| | | | Change |
| R | RUMPH, BRESHAWN | 2630 W BROWARD BLVD #200 | Add |
| | | FORT LAUDERDALE, FL 33312 | Remove |
| | | | Change |
| | | | Add |
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| | | | Change |

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

**Effective date, if other than the date of filing:** 06/08/2020 **(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.

If 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 ment 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**