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## **COVER LETTER**

	of Corporations	
	EET STUFF BY SANDRA LLC	
SUBJECT:	Name of Limited Liability Company	
	cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:	
	Juan A Carballea	
	Name of Person	
	SWEET STUFF BY SANDRA LLC	202
	Firm/Company	2522 OC
	18445 NORTHWEST 38TH AVENUE	<u> </u>
	Address	77
	MIAMI GARDENS, FL 33055	:: 2:
	City/State and Zip Code	. S
	raytaxwiz@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Juan A Carballea	305 336-5354	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy is enclosed) Certified Co	of Status &
	MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section

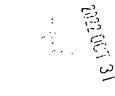
Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SWEET STUFF BY SANDRA LLC (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 filed on \_and assigned Florida document number 1.20000210101 This amendment is submitted to amend the following: A. 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 "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_, Florida \_\_\_

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>	Address	Type of Action
Comp	Sandra Carballea	18445 NORTHWEST 38TH AVE	
		MIAMI GARDENS, FL 33055	■ Remove
			Change
	<u></u>		Add
			□ Remove
			☐ Change
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			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

Effec	tive date, if other than the date of filing: (optional)
(If an ei	Fective 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 605.0201
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier og 90th day after the record is filed.
, ,,,,,	e soul day after the record is filed.
	October 26 2022
Datec	
	X Y /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00