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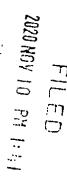
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12/16/20

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
JBJECT: Sweet Genez Creations UC Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following:
Wanda Hall Name of Person  Sweet Aemzz Creations LLC  Firm/Company  913 Bellmost St E  Address
Lehigh acres FL 33974  City/State and Zip Code  Warda Hall Oldo D Gmail. Com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Warda Hall at 239 U28 - 0872  Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	22/20	_ and assigned
Florida document number <u>L200002159.35</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbre	viagon "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	= =
			<u></u>
		·.	
Enter new mailing address, if applicable:			<u>=</u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	ls, <u>enter the name (</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida str	eet address	
		, Florida	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my d s provided for in Chapt	luties, and I am fan er 605, F.S. Or, if	niliar with and this document is

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>	<u>Name</u>	Address	Type of Action
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m effective date is listed, the ote: If the date inserted	han the date of filing: date must be specific and cannot be in this block does not meet the on the Department of State's re	applicable statutory filing r	(optional) than 90 days after filing- equirements, this date	) Pursuant to 6 will not be li	05.0207 sted as
record specifies a delayed is filed.	l effective date, but not an effe	ctive time, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day af	ter the
ated 107	Signature of a member	or authorized representative of	a member		
	Landa.	or printed name of signee			