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COVER LETTER

TO: Registration S Division of Co			
Subject: Sandy the	Candy Lady, LLC	•	•
30B/J.C1,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Sandra Robinson		
	-	Name of Person	
	Sandy the Candy Lady		
		Firm/Company	
	1212 N.W 1st Place, Apt	#302	
		Address	
	Miami, FL 33136		
	sandythecandylady@gmail	City/State and Zip Code	
	E-mail address:	to be used for future annual report not	fication)
For further information c	oncerning this matter, please o	all:	
Sandra Robinson		305 200-6479	20 <i>;</i>
Name o	f Person	at () Area Code Daytim	2020 SEP
Enclosed is a check for th	ne following amount:		200 B
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Of Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	s:	Straat 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sandy the Candy Lady, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 08/17/2020	and assigne	ed
lorida document number 1.20000253041			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office a	ddress on our records, enter the na	me of the new reg	giste
ent and/or the new registered office address here:		2020 056 Ta	
N. C.V. D. J. J.		ZO SE	~ }
Name of New Registered Agent:		2	-
New Registered Office Address:		>> 0	-
	Enter Florida street address	0 7 3 1 1	3
	, Florida _	Oliver of Control	<i>)</i>
	City	—Zip Gode	

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.

——Zip <u>God</u>e

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
AMBR	Sandra Robinson	1212 NW 1st Place	≡ ∧dd
		Apt #302	□Remove
		Miami, FL 33136	□Change
			□Remove
	,		□Change
			□Add
			□Remove
			□ Change
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