

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ASAP ACCOUNTING SERVICES INC Account Number : I20130000009 Phone : (239)352-4099 Fax Number : (239)919-8333 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: 0,50,000 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE SWEET SPOT ONLINE LLC Certificate of Status Certified Copy 0 Page Count 01\$30.00 Estimated Charge C. BRUMBLEY 1 10 14 2022

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COVER LETTER

TO:	Registration Sec Division of Cor			• · · · · · · · · · · · · · · · · · · ·				
	THE SWEE	ET SPOT ONLINE LLC						
St. BJE	CT:	Name of I im	ited Liability Company					
The enc	losed Articles of .	Amendment and feets) are sub	mitted for filing.					
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		VIVIANA MAYBERRY						
			Name of Person					
	THE SWEET SPOT ONLINE LLC							
	Firm Company							
	7886 BUCKS RUN DR							
	Address							
		NAPLES, FL 34120						
			City/State and Zip Code	A. A				
	asapaccounting/a/me.com L-mail address: (to be used for luture annual report notification)							
				offication)				
For furt	her information c	oncerning this matter, please c	all:					
VIVIA	NA MAYBERRY	i	239 273-7295 at ()					
	Name o	Person	at () Area Code Dayti	me Telephone Number				
Enclose	ed is a check for th	ne following amount:						
≡ \$25	5.00 Filing Fee		\$55,00 Filing Fee & Certified Copy tadditional copy is enclosed.	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres Registration		Street Address: Registration S	iection				
	Division of C	lorporations	Division of Corporations					
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SWEET SPOT ONLINE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000289633</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
CHASKA LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I I C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		C 14 PM 6:07
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	Cus	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
			□Remove
			□ Change
			CAdd
			□Remove
			IChange
			Zi Add
			□Remove
			ZiAdd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change

(If an e <u>Note</u> :	tive date, if other than the date of filing: [12/13/2022] (optional) [Sective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
f the reco	rd 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 iled.
Datec	DECEMBER 13 2022
	Carlos de la companya della companya
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00