# h20000300162

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## **COVER LETTER**

	gistration Sec vision of Corp			
OUD IDOT	Sugar Barz	LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	1 all correspoi	ndence concerning this matter	to the following:	
		Filing Jesse K		
			Name of Person	
		ZenBusiness Inc		
		-	Firm/Company	
	5511 Parkerest Dr., Ste. 207			
			Address	
		Austin, TX 78731		
		compliance@zenbusiness.c	City/State and Zip Code	
		•	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please c	all:	
Jesse K			844 4936249 at ()_	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Barz LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{09/23/2020}{}$ and assign	ned
Florida document number 1.20000300162		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "i.l.C" or the abbreviation "L.lC	<del></del>
Enter new principal offices address, if applicable:	2111 NW North River Drive Apt c116	
Principal office address MUST BE A STREET ADDRESS)  Miami, FL 33125		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2111 NW North River Drive Apt c116  Miami, F1, 33125	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of	the n
Name of New Registered Agent:	100	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	

### 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.

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>	<u>Address</u>	Type of Action
AMBR	Elhamzaoui Sophia		
			☐ Remove
		2111 NW North River Drive Apt c116 Miami, FL 33125	■ Change
			Add
			☐ Remove
			Change
	<del> </del>		
			Remove
			Change
	<u>-</u>		Add  Remove
			Remove
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Effective date, if other than the da	te of filing:specific and cannot be prior to date of filing or more	=	<del>_</del>
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing re-	than 90 days after filing.) Pursuaf equirements, this date will not	<u>P</u> to 605.0207 (3 Tbe listed as th
the record specifies a delayed e ) The 90th day after the record	fective date, but not an effective times is filed.	e, at 12:01 a.m. on the	earlier of:
Dated August 11	2021		
	Chamzaoui Sophia nature of a monther or authorized representative of	a mambar	_
Sif	nature of a negricer of authorized representative of	а шениса	
Elhamzaoui Sophia, Memb	er		

Page 3 of 3

Filing Fee: \$25.00