# L20000393288

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





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2023 OCT 30 AM II: 00
DEPARTMENT OF STATE
DEPARTMENT OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT:	Candy De-	zign Studio ited Mability Company	LLC.			
	Amendment and fee(s) are sub	Č	2023 OCT 3			
	Gloria	A Dean Name of Person	O AM II: 00  NT OF STATE CORPORATIONS SEE, FLORIDA			
	<del> </del>	Firm/Company	<del></del>			
2834 Sail Breeze Way						
Kissimmee Florida 34744 City/State and Zip Code						
	Candyde-7	City/state and Zip Code  Light Studio Code  to be used for future annual report notifica	hod.Com			
For further information concerning this matter, please call:						
Gloria D Name of	)-ean Person	at (407) 885- Area Code Daytime T	- 6620 elephone Number			
		ŕ	•			
Enclosed is a check for th	e following amount:					
□ \$25.00 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:
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

2023 OCT 30 AM II:

DEPARTHENT OF STA
DIVISION OF CORPORAT
TALLAHASSEE, FLORE

Candy Dezign Studio 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 <u>L 2000</u>0393288 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 "LLC" or the abbreviation "LLC." 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.

City

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

Title	<u>Name</u>	Address	Type of Action
MBB.	Gloria Dean	2834 Sail Breeze Way Kissimmee, 71 34744	□Add
		KISSIMMER F1 34744	Remove
			□Change
			□Add
		I A H	Remove
	<del></del>	SEE. FLORIDA	30 III D
			□Change
			🗆 Add
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