# h210000044458

(Re	questor's Name)	
(Ad	dress)	
(0.4	dress)	
(Au	uiess)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		6/21/21 TM

Office Use Only



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#### **COVER LETTER**

TO:

Registration Section

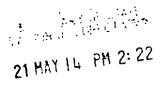
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### **COVER LETTER**

TO:	•	istration Section Ision of Corporations
SUBJE	CT:	JUST A SWEET THING, LLC
		Name of Limited Liability Company
The enc	losed	Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn	all correspondence concerning this matter to the following:
		TRINITY COOPER
		Name of Person
		JUST A SWEET THING, LLC
		Firm/Company
		1317 Edge Welter DR.
		# 3557 Cilando, F1 . 32804
		Cilando, Fl. 32804

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Co.	mpany as it now appears on our records.)	
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
the Articles of Organization for this Limited Liability Comparing document number <u>L21000044458</u> .	any were filed on 1/25/2021	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS	2	·
nter new mailing address, if applicable:	1317 EDGEWATER DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	# 3557	
muning man cos MAT DE AT VOT OFFICE DUA	ORLANDO, FL 32804	
. If amending the registered agent and/or registered officent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ne of the new regi
	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.

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

## 21 HAY 14 PH 2: 22

Title	<u>Name</u>	Address	Type of Action
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or at a to at water at the order	(ontinent)	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more lote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	to 605.020 be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on l is filed.	he earlier of: (b) The 90th da	y after the
Dated 3/21 2021 2021		
Signature of a member or authorized perfesentative of		<del></del>

Typed or printed name of signee

TRINITY COOPER