## 121000058254

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Certified Copies	Certificates	of Statue
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Special Instructions to	Filing Officer:	
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## COVER LETTER

	ation Section n of Corporations	
		SALTY TRÉATS, LLC
SUBJECT:	Name of Li	mited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are su	abmitted for filing.
Please return all	correspondence concerning this matte	er to the following:
		MICHELLE BIMLE
		Name of Person
		Firm/Company
		11215 MOULTRIE PLACE
		Address TAMPA, FL 33625
		City/State and Zip Code
		MICHELLE_BIMLE@YAHOO.COM
	E-mail address	s: (to be used for future annual report notitication)
For further infor	rmation concerning this matter, please	e call:
	MICHELLE BIMLE	at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
□ \$25.00 Filin	ng Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	og Address: etration Section ion of Corporations Box 6327 hassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET & SALTY TREATS, LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears of ility Company)	n our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL21000058254	ere filed on	02/02/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	v company here:	:	
The new name must be distinguishable and contain the words "Limited Liability	Company." the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	362 MAI	N ST	
(Principal office address MUST BE A STREET ADDRESS)	DUNEDI	and assigned  is a street address	
<del>-</del>			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:		<u></u> .	·
Enter Flori		street address	
	City	, Florida <u></u>	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	Ciţ		ng code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my ovided for in Cha	y duties, and Lam j apter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
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			□Remove
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effective date is listed, the date must be spec-	cific and cannot be prior t	o date of filing or more tha	n 90 days after fil	ing.) Pursuani	to 605.020
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