La1600116143

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C	Section Corporations			
	immersweet LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Greg Barro, Jr.			
		Name of Person		
	115 E Summersweet LLC			
		Firm/Company		
	917 Winston Place			
		Address		
	Nashville, TN 37204			
	gbarro318@gmail.com	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Greg Barro, Jr.		318 617-8837		
Name	e of Person		Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	n T
Mailing Addi Registration Division of P.O. Box 6, Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations 53 allahassee 55 e Street, Suite 810	ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

115 E Summersweet 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 $\frac{03/11/2021}{1}$ _____ and assigned Florida document number $\frac{L21000116143}{L21000116143}$ 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 "L.L.C." or the abbreviation "L.L.C." 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 the 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>	Address	Type of Action
MGR	Gregory J. Barro, Jr.	917 Winston Place, Nashville, TN 37204	□Add
			□Remove
		change title	■ Change
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an effective date is listed, the	e date must be specific	and cannot be prior to	date of filing or more	(option) than 90 days after fil	iñg.) Pursua	nt to 6 0≴ 020
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	o, Jr.					