

L21000123773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

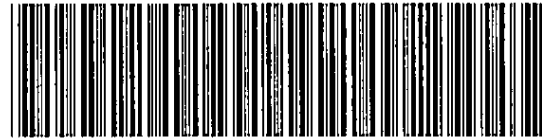
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21 MAR 31 PM 3:39

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DIVISION OF CORPORATIONS  
MAR 31 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cocktails & Sweetness LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charnee Allen  
Name of Person

Cocktails & Sweetness  
Firm/Company

5846 Harris Ave  
Address

Jacksonville, FL 32211  
City/State and Zip Code

sweetnessdontplayinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charnee Allen at ( 904 ) 982-4335  
Name of Person Area Code Daytime 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)

☐ \$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**

STATE OF FLORIDA  
DIVISION OF CORPORATION

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Cockfais of Sweetness 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 3-16-21 and assigned Florida document number L21000123773.

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 "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*

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**

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STATE OF TEXAS  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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MC7R Charmade Allen

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
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E. Effective date, if other than the date of filing: 3-13-21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 29, 2021

C. Allen  
Signature of a member or authorized representative of a member

Char mol Allen  
Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000123773  
FILED 8:00 AM  
March 16, 2021  
Sec. Of State  
agent07

**Article I**

The name of the Limited Liability Company is:

COCKTAILSOFSWEETNESS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

5846 HARRIS AVE  
JACKSONVILLE, FL. 32211

The mailing address of the Limited Liability Company is:

5846 HARRIS AVE  
JACKSONVILLE, FL. UN 32211

**Article III**

The name and Florida street address of the registered agent is:

CHARMAE S ALLEN  
5846 HARRIS AVE  
JACKSONVILLE, FL. 32211

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHARMAE S ALLEN

**Article IV**

The effective date for this Limited Liability Company shall be:

03/13/2021

Signature of member or an authorized representative

Electronic Signature: CHARMAE ALLEN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.