# L21000123926

Office Use Only



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A. RIVERS

#### **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

Sweet Beat	s Desserts N More		
SUBJECT.	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Beatrice Poulard		
	<del> </del>	Name of Person	·············
	Sweet Bea's Desserts N Mo	ore	
		Firm/Company	<del></del> -
	413 nw 23rd Ave		
		Address	
	Fort Lauderdale, Fl, 33311		
	-	City/State and Zip Code	<del></del>
	b.poulard@yahoo.com		
	E-mail address: (	to be used for future annual repor	1 notification)
For further information of	oncerning this matter, please ca	all:	
Beatrice Poulard		331 302-222	23
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Addre Registration	Section '
Division of C	Corporations	Division of	Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Sweet Bea's Desserts N More

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number L21000123926	were filed on March 16, 2021		and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Family Matters Group Home L.L.C				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbrevi	ation "L.I	L.C."
Enter new principal offices address, if applicable:	413 NW 23rd Ave			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale			
	F1, 33311			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the na</u>	<u>me of</u>	the new	v regist
ivanie of two registered spent.		(	23	. 1
New Registered Office Address:	Enter Florida street address	· 7:	(2) (2) (2)	
<del></del>	, Florida _	·Z	ip Code	i -
New Registered Agent's Signature, if changing Registered Agent:		,	! !	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n famil r, if th	liar wit. is docu	h and ment

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
	-		□Add
		3- <del></del>	□Remove
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			□Remove
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			□Change

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 than 90 days after filing.) Pursuant to 605.02 tote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records.  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 distribution of the filed.	ofi	fering exceptional care services to individuals with disabilities in Fort Lauderdale.
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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  The 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 dis filed.  Dated 12423, 2023.		
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ated $\frac{7/24/23}{\sqrt{2000}}$ , $\frac{2023}{\sqrt{2000}}$ .	an effect ote: If	tive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
( Que Com		
Signature of a member or authorized representative of a member	ated	7/24/23, 2023.
<u> </u>		

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Sweet Bea SUBJECT:	's Desserts N More		
Sobject,	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Beatrice Poulard		
		Name of Person	
	Sweet Bea's Desserts N M	lore	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	413 nw 23rd Ave		
	<del></del>	Address	
	Fort Lauderdale, Fl, 33311	ı	
	b.poulard@yahoo.com	City/State and Zip Code	
		to be used for future annual report no	Otification
For further information of	concerning this matter, please c	•	onicuton)
Beatrice Poulard		331 302-2223	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration S Division of C		Registration S	
P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Sweet Bea's Desserts N More				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000123926	were filed on March 16, 2021		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Family Matters Group Home L.L.C				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbr	eviation "l	L.L.C."
Enter new principal offices address, if applicable:	413 NW 23rd Ave			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale			
	Fl, 33311			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name (	<b>5.3</b>	w registe
Name of New Registered Agent:		7 (7)	10. E39	• •
New Registered Office Address:		7 5 70 7	<u>~</u>	
	Enter Florida street address	١.	27-	1."
<del>-</del>	, Florid	la 🚉	!	· ——
	1 7701	~	7. 41.	

## 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 t 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is : If the date	other than the date of filing: _ listed, the date must be specific and can inserted in this block does not mee ive date on the Department of State	t the applicable stati	filing or more than 90 days	optional) safter filing.) Pursuant to 60 s, this date will not be lis
ord specifies filed.	a delayed effective date, but not an	effective time, at 12	2:01 a.m. on the earlier	of: (b) The 90th day after
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Filing Fee: \$25.00