

K21000150205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D BRUCE
JUL 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Gift & Pleasure 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:

Hector J. Rivero
Name of Person

Sweet Gift & Pleasure LLC
Firm/Company

4722 S. Rio Grande Ave APT 42
Address

Orlando FL 32839
City/State and Zip Code

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

For further information concerning this matter, please call:

Hector J. Rivero at (787) 944-4165
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2021 JUN 25 AM 7:52

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sweet Gift & Pleasure 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 March 31, 2021 and assigned Florida document number L21000150205.

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)

4702 Wakulla St
Orlando, Fl. 32822.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4702 Wakulla St.
Orlando Fl. 32822

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:

Hector J. Rivera Rodriguez

New Registered Office Address:

4702 Wakulla St.

Enter Florida street address

Orlando

City

Florida

32822

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hector J Rivera	4722 S. Rio Grande Ave.	<input type="checkbox"/> Add
		APT 42	<input type="checkbox"/> Remove
		Ciudad de Ft. 32839	<input type="checkbox"/> Change
AMBR	Hector J. Rivera Rodriguez		<input type="checkbox"/> Add
		4702 Wakulla St.	<input type="checkbox"/> Remove
		Ciudad de Ft. 32822	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am Requesting to Add my
Second last name Rodriguez.
my name should be Hector J. Rivera
Rodriguez. I am Requesting to
Change my title From MGR to
AMGR and I am also Requesting
to Change my address to my
new address 4702 Wakulla St
Orlando Fl. 32822.

Thank you in Advance.

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FILED

E. Effective date, if other than the date of filing: _____ (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)

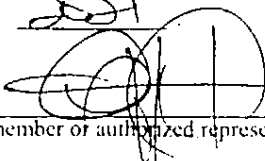
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

June 17

2021



Signature of a member or authorized representative of a member

Hector J. Rivera Rodriguez

Typed or printed name of signer