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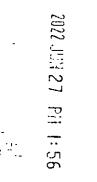
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9/25/2022

TO: Registration Sect Division of Corp			,	
SUBJECT:Str	Nev Cakes L	LC ited Liability Company	<u>.</u>	·
	mendment and fee(s) are sub-	_		
Please return all correspon	dence concerning this matter	to the following:		
	Valerie St	over		
		Name of Person		
	Stover cake	S LLC Finn/Company		
	402 E Poins	Schia St Address		
	Laxeland	L FL 3380 City/State and Zip Code	· 1	
	ValStover E-mail address: (1	427 @ gmail to be used for future annual r	eport notification)	
For further information cor	ncerning this matter, please ca	all:		
Valerie St	ove (at (843)	513 85	23
Name of I	'crson	Area Code	Daytime Telepho	ine Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	Xi \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$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 ORGANIZATION OF

Destroy Stover Care	2022 JUL 2022 JUL 27 PM 1:56
(Name of the Limited Liability Compa (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 <u>L 21 000 1 5 6 385</u> .	were filed on $4 5 202 $ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	-
Sugared Swan UC The new name milst be distinguishable and contain the words "Limited Liabi	hity 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)	502 Emain St Laveland Fl33801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	GUZ & main St Lakeland PL 33801
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
	Enter Florida street address
Lavela	IND, Florida 3380 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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record s	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	he
ated <u></u>	June 15 2021.	
	Signature of a member or authorized representative of a member	
	Vally'l Stove/ Typed or printed name of signee	