## L21000205972

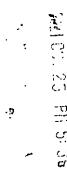
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
SUBJEC		SUGAR 3 LLC		
SUBJEC	<u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn ali correspo	ndence concerning this matter	to the following:	
		ALBERTO JOSE DE ARC	CO SOLARTE	
			Name of Person	
		FACTORY SUGAR 3 LLC	••	
			Firm/Company	
		3930 NW 7TH ST #302		
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		alexanderovie@gmail.com	to be used for future annual report not	
r c				ilication)
ror turtr	er information c	oncerning this matter, please co	и;	
ALBER	TO JOSE DE AF	RCO SOLARTE	786 6654994	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FACTORY SUGAR 3 LLC		20100, 25 PM 5: 36
(Name of the Lim	ited Liability Co	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited I Florida document number 1.21000205972	Liability Comp	ę
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited	liability company here:
N/A		
The new name must be distinguishable and contain the	words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>
Enter new mailing address, if applicable:		N/A
Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		ice address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
		Enter Florida street address
	N/A	, Florida <sup>N/A</sup>

## 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.

Circ

Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Alberto Jose De Arco Solarte	3930 NW 7TH ST #302 MIAMI, FL 33126	<b>=</b> Add
			□Remove
			□Change
- <u>-</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00