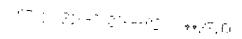
L21000287669

(Requestor's Name)
(Address)
(Audiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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COVER LETTER

	gistration Sect ision of Corpo				
eun mer	Sweek Dream	s Kids LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	i all correspond	lence concerning this matter	to the following:		
		Peggy Hui			
			Name of Person		
		Sweek Dreams Kids LLC			
			Firm/Company		
		20201 E COUNTRY DRIV	/E Unit 2503		
		4	Address		
		Aventura, FL 33180			
			City/State and Zip Code	.,	
		tienandpeggy@gmail.com		·	
			o be used for future annual re	eport notification)	
For further i	nformation con	cerning this matter, please ca	ill:		
Peggy Hui				-1338	
	Name of P	erson	at () Area Code	Daytime Telepho	ne Number
Enclosed is:	a check for the	following amount:			
■ \$25.00 I	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enck		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEEK DREAMS KIDS LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) (ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Florida document number L21000287669	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability con	ipany here:
SWEET DREAMS KIDS LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The party of the district of the Astronomy	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	::
3. If amending the registered agent and/or registered office address of	on our records, <u>enter the name of the new regis</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	<u></u>
New Registered Office Address:	<u> </u>
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MCD -	Managas	
MOK -	Manager	
AMDD -	- Anthonional Monthon	
WAINIDK -	 Authorized Member 	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
		-	□ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
		-	□Add
		 -	□Remove
			□Change
			□Add
			□Remove
			7.C

If ame	nding any other information, enter change(s) here: tAttach additional sheets, if necessary.)
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(If an ef) Note:	(optional) betive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he recor	d 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 led.
Dated	Pegy The Amember of authorized representative of a member Peg A Thui Typed of printed name of signee
	Pegy Rust
	Signature of a member or authorized representative of a member
	Pea ay Thui Typed or printed name of signee

Filing Fee: \$25.00