# 

(Re	equestor's Name)
(Ad	ddress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	MAR 1 4 2022
	3 8
	Office Use Only



12 27, 21-40,005-017 \*\*42,75





### RECEIVED

### 2022 MAR -8 PH 12: 08

Letter Number: 822A00000682

## FLORIDA DEPARTMENT OF STATE Division of Corporations RETAILY OF STATE TALLAHASSEE, FL

January 10, 2022

GILBERTE MELLON STALLONE 7035 NW 186 STREET APT D201 HIALEAH, FL 33015 US

SUBJECT: ALWAYS A SWEET DEAL, LLC

Ref. Number: L21000293784

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section

Division of Corporations			
еприст. 4/7	1018 A SUISET A	and 1/d	
зовлест. <u>— де</u> й	Name of Lim	ted Liability Company	<del></del>
The englaced Articles of	Amendment and fee(s) are sub	unitted for filing	
The enclosed Afficies of	Amendment and rects) are sub	mined for tilling.	
Please return all correspo	ndence concerning this matter	to the following:	
	67	LB.ERTE M. STALL	ONE
		Name of Person	
		WA 16 A SWEET Firm/Company	SEAL, LLC
	7035 NW /	86 STREET #1) 20 Address	2/
	H=	A/EAH FL 33.015	
		City that are sop cour	
	<u>GMSTA</u>	AlloNE Q JAHOO . Con	<u> </u>
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
(=5/BER	TE M STALLOW	= 31(305) 788-	1428
Name o	Person	at ( <u>.305</u> ) <u>7-88 –</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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		Street Address:	etion
Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number 221000293784 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX) 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: New Registered Office Address: Enter Florida street address

#### 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.

City

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>	Address	Type of Action
<u>AMBR</u>	DLIVEER STALLONE	7035 NW 186 ST # 1201	□ Add
		HEALENH P. 33015	Remove
			Change
AMBR TE	JEAN-PERRE STALLONG	7035 NW 18651 #1201	□Add
		HUSALEAH, FL 33015	Remove
			☐ Change
AMBR LogI Ros	Lost ROSEMOND	3400 NW 197 STREET	□ Add
		MIAME GARDENS, FL 3300	76 KRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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fectiv	the date, if other than the date of filing: 7/0/2021 (optional)  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 605.0207
an effec ote:   Ii	tive date is fisted, the date must be specific and cannot be prior of date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	it's effective date on the Department of State's records.
record lis file	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
13 1116	
ated	3/3/2022
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00