## L21000370762

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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September 27, 2021

MEGA SWEET TOOTH LLC 2190 NETTLEBUSH LANE VENICE, FL 34292

SUBJECT: MEGA SWEET TOOTH LLC

Ref. Number: L21000370762

We have received your document for MEGA SWEET TOOTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot remove AP by filing RA change.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 12/1A00023310

## **COVER LETTER**

TO:

Registration Section Division of Corporations

(additional cripy is enclosed)  Certified Cripy (additional copy is enclosed)  Mailing Address:  Street Address:	SUBJECT:	Name of Lim	T TOOTH LL(	
SANDRA J CORY  Name of Person  MEGA SWEET TOOTH LLC  Final Company  2190 NETTLEBUSH LANE  Address  VENICE FL 34292  City/State and Zip Code  Sandy Cory mok @ amail . Com  E-mail address: (to be used for thrure annual report notification)  For further information concerning this matter, please call:  SANDY CORY  Name of Person  at 3552, 213-6106  Day time Telephoke Number  Enclosed is a check for the following amount:  S25.00 Filing Fee S0.00 Filing Fee & Certified Copy  (additional copy is enclosed)  Mailting Address:  Street Address:	The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Mailing Address:  MEGA SWEET TOOTH LLC  Finn/Company  2190 NETTLEBUSH LANE  Address  VENICE FL 34292  City/State and Zip Code  Sandy Coru mok @ amail . Com  Email address: to brused for future annual report notification)  For further information concerning this matter, please call:  SANDY CORY  Name of Person  at 1352, 213-6116  Area Code Daytime Telephore Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Scientificate of Status  Certified Copy  Gaddinanal copy is enclosed)  Mailing Address:  Street Address:	Please return all correspor	ndence concerning this matter	to the following:	
Mailing Address:  MEGA SWEET TOOTH LLC  Finn/Company  2190 NETTLEBUSH LANE  Address  VENICE FL 34292  City/State and Zip Code  Sandy Coru mok @ amail . Com  Email address: to brused for future annual report notification)  For further information concerning this matter, please call:  SANDY CORY  Name of Person  at 1352, 213-6116  Area Code Daytime Telephore Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Scientificate of Status  Certified Copy  Gaddinanal copy is enclosed)  Mailing Address:  Street Address:		SANDRA	Y J CORY	
VENICE FL 34292.  City/Nate and Zip Code  Sandy Coru mok @ amail . Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SANDY CORY Name of Person  at (352) 213-6114  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Scientificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Street Address:			SWEET TOOTH	LLC
Sandy Coru mok @ amail . Com  E-mail address: (to brused for hiture annual report notification)  For further information concerning this matter, please call:    Sandy Coru mok @ amail . Com   E-mail address: (to brused for hiture annual report notification)    Sandy Coru mok @ amail . Com   E-mail address: (to brused for hiture annual report notification)    Area Code   Daytime Telephote Number		2190 NE	TTLEBUSH LAN	<u> </u>
SANDY CORY Name of Person  Sand Cory Name of Person  Sand Cory Name of Person  Sand Code  Sand Code		VENICE	FL 34292 City/State and Zip Code	
SANDY CORY Name of Person  Sand Cory Name of Person  Sand Cory Name of Person  Sand Code  Sand Code		Sandy Co	ru mok @ ama	il Com
Enclosed is a check for the following amount:     S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee.	For further information co		•	
Enclosed is a check for the following amount:     S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee.	SANDY C	ORY	at (352) 213	-6116
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy tadditional copy is enclosed)  Certified Copy tadditional copy is enclosed.  Mailing Address:  Street Address:	Name of	Person	Area Code Daytiu	re Telephore Number
Certificate of Status Certified Copy Certificate of Status (Certified Copy tadditional copy is enclosed) Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Enclosed is a check for the	: following amount:		
	☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303 The Centre of Tallahassee  Tallahassee, FL 32303	Registration So Division of Co P.O. Box 6327	ection orporations	Registration Se Division of Col The Centre of T 2415 N. Monro	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEGA SWEET TOOTH 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 8-18-21 and assigned Florida document number L21000370762	
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 "I I.C" 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 OFFICE BOX)	_
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the newtregist agent and/or the new registered office address here:	<u>iered</u>
Name of New Registered Agent:	_
New Registered Office Address:  Enter Florida street address  Control of the cont	<del></del>
——————————————————————————————————————	_
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 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 603, 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 or removed	g Authorized Person(s) authorized to main from our records:	inage, enter the title, name, and address of ea-	ch person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AR	DAVID O CORY	2190 NETTLEBUSH L VENICE FL 34292	<u>M</u> □Add
		VENICE FL 34292	Remove
			□Change
			DAdd
			□Remove
			DAAC
			□Remove
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			DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	rssary)
	<del></del>
E. Effective date, if other than the date of filing:  (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 to a list the date inserted in this block does not meet the applicable statutory filing requirements this document's effective date on the Department of State's records.	ileny i President to 605 0207 (3 ab.)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) record is filed.	The 90th day after the
Daied 18/4 2021	
Sandra Correspondence of a member of a Morized representative of a member	<del></del>
Signature of Amember of a Morized representative of a member  SANDRA ) COR 1	
Typed or printed name of signee	

Filing Fee: \$25.00