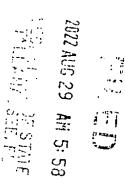
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(Requestor's Name)
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A. BUTLER
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COVER LETTER

TO:	Registration Sec Division of Corp			
		Street S	. L Ca 11 C	
SUBJE	ECT:			
		Name of thin	ned maointy Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	Street Sweets Co. LLC Name of Limited Liability Company Street Sweets Co. LLC Name of Limited Liability Company Street Sweets Name of Person Street Sweets Firm/Company 4615 Delean St. Co. LLS Address Fort Mers, FL, 33907 City/State and Zip Code Brancockesiic a special company E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Sweets Area Code Daytime Telephone Number		
		1	edia Smith	
			Name of Person	
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		11116 - 1	3	
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For fur	ther information co	oncerning this matter, please ca	all:	
1	1 ods Sa	rith	au (81-1712-8	:691
	Name of	Person		e Telephone Number
Enclos	ed is a check for th	e following amount:		
	5.00 Filing Fee		10 \$55 00 Filing Fee &	□ \$60.00 Filing Fee
L 32	5.00 Tillig Fee		Certified Copy	Certificate of Status &
			(additional copy is enclosed)	
	Mailing Address	s:	Street Address:	

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

queets Co. LLC CEONETIAL OF STATE

2022 AUG 29 AM 5: 58

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100484572</u> .	were filed on Nov. 09, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1400 Colonial Blud Ste 35 Fort Myers, FL, 33907
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 Colonial Blud Ste 35 Foxt Myers, FL, 33907
B. If amending the registered agent and/or registered office a 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:	
New Registered Office Address:	
	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 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
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fective date, if other an effective date is listed, to ote: If the date inserted ocument's effective date.	the date must be specific d in this block does n	e and cannot be prior to not meet the applical	o date of filing or more th	(optional) nan 90 days after filing.) P puirements, this date w	Pursuant to 605,0207 ill not be listed as
record specifies a The 90th day after			an effective time	, at 12:01 a.m. or	n the earlier o
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	Signature o	lie member or author	ized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00