121000501017

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: SWAN |
| Received by email 4/13/22 |
| |
| |

Office Use Only



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EILED 2022 APR 13 AM 6: 10 SECRETARY OF STATE TALLAHASSEF TATE

A. BUTLER APR 1 4 2022

COVER LETTER

fO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: A & A Sweets N Treats L |
| The enclosed Articles of Amendment and feets) are submitted for filing. |
| Please return all correspondence concerning this matter to the following. |
| Latoyia Banks |
| Firm/Company |
| 14323 Sw 276 Way |
| Homestead F1, 33023 City/State and Zip Code |
| 1:-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: LATOUG BANKS at 305 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\int \sum_{\text{S25.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Sadditional copy is enclosed}} \sum_{Sadditional copy is e |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO

F-11-F-

| ARTICLES OF ORGANIZATION $-3 - 12 = 10$ |
|--|
| A SUCCES VEGITAD OF STATE (Name of the Limited Lightlity Company as it now appears on our reachts MHASSEE, FL (Alloridal imited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{11/\partial \partial/\partial \Omega}{1000000000000000000000000000000000000$ |
| This amendment is submitted to amend the following: |
| A CICN & A COL Sweet Treats LLC. The mess name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," |
| 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 new registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Enter Florida street address |
| , Ftorida |
| Cuy Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

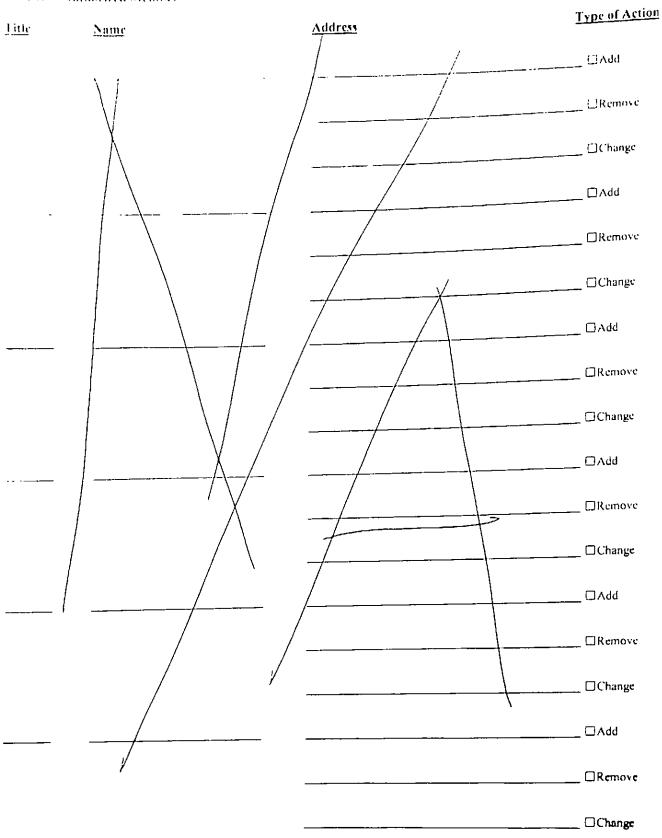
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

| D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| |
| |
| E. Effective date, if other than the date of filing: (i) an effective 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)(b. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record 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 record is filed. |
| Dated April 4 2021. Signature of a member or authorized representative of a member |
| LCHOYIA BONKS Typed or printed name of signee |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or tempored from our records:

MGR Manager AMBR Authorized Member





March 3, 2022

LATOYIA BANKS 14323 SE 276 WAY HOMESTEAD, FL 33032

SUBJECT: A & A SWEETS N' TREATS LLC

Ref. Number: L21000501017

We have received your document for A & A SWEETS N' TREATS 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):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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.

Letter Number: 722A00005204

Anissa Butler Regulatory Specialist II

www.sunbiz.org