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Y. SCOTT MAY 1 5 2023

COVER LETTER

TO: Registration : Division of C		, 32 y . a	
SUBJECT: O	SWEET MINIS LL	cited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	DOWALD PO	Name of Person	2023 HAR 28
	OSWEET MI	Firm/Company	28
		Firm/Company MD4W BUVD Address	28 PM 3: 23
		FL 34748 City/State and Zip Code G G WIL - CON to be used for future annual report not	
For further information	concerning this matter, please ca		
DON AL	γ	at (<u>51&</u>) <u>659</u> Area Code Daytin	- 7336 ne Telephone Number
Enclosed is a check for	the following amount:		_
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration Division of		Street Address: Registration Se Division of Co	
		7731 63 637	r. 11 1

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O SWEET AN INIS LLC
(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limit)	ed Liability Company as i (A Florida Limited Liabilit	t now appears on our y Company)	r records.)	
The Articles of Organization for this Limited Li	•	filed on	30-20A	1 and assigned
Florida document number <u>L 2100050</u>	<u>6443</u> .			
This amendment is submitted to amend the follo	owing:		**	707
A. If amending name, enter the new name of				348
The new name must be distinguishable and contain the w	CHEN LLC		•=	2 1
The new name must be distinguishable and contain the w Enter new principal offices address, if applications		mpany," the designation	on "LLC" of the ab	breviation "Lab.C."
(Principal office address MUST BE A STREE	_ -		رن : ا : ا	;; 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	<u></u>		.,,	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	Shere:	}voc€		e of the new register
	142E1 A	RMOUAN T	2	
New Registered Office Address:	<u> </u>	Enter Florida stree) C Y IJ et address	
	LEES BUDA	`iry	Florida	34549 Zip Code
New Registered Agent's Signature, if changing B	legistered Agent:			
I hereby accept the appointment as registered	d agent and agree to	act in this cavaci	ty. I further agi	ree to comply with th
		1		

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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			□Remove
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effective date is li	sted, the date i	must be specifi	ic and can	not be prior	r to date of	filing or mo		ays after filing.		
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cord specifies a	delayed effec	ctive date, bu	t not an	effective t	ime, at 12	:01 a.m. o	n the earlie	erof:(b) Th	e 90th d	lay after tl
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