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TALL SHASSEE TLORIDA

2022 JUL 14 Mill: 09

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## **COVER LETTER**

SUBJECT: Miriam's Swe	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Miriam E Marquez Diaz		
		Name of Person	
	Miriam's Sweet Creations.		
		Firm/Company	
	5848 Magnolia Bend Blvd		
		Address	
	Milton, F1. 32570		· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
	miriammarquez@att.net	to be used for future annual repor	rt notification)
For further information con	ncerning this matter, please c	•	· notification)
Miriam E Marquez Diaz		at ( 850 ) 304-97	76
Name of F	Person	Area Code D	76 aytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fcc	☐ \$30.00 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 Addusses		Straat Addra	

Mailing Address:

TO:

Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION OF

- E

Miriam's Sweet Creations, LLC		122 JUL
	Comment	
(A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 01/19/2022	and assigned
Florida document number 1.22000035877	·	10 25 11: 10
This amendment is submitted to amend the following:		¥.'' O
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Earl Olivina	
	Enter Florida street address	
	, Flor	r <b>ida</b> 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.

ff 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
AMBR_	Miriam E Marquez Diaz	5848 Magnolia Bend Blvd Milton, FL 32570	<b>=</b> Add
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Signature of a member of a mem							
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