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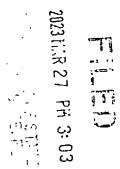
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PICK-UP	☐ WAIT	MAIL
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Y. SCOTT MAY 1 3 2023

COVER LETTER

10:	Division of Cor			# *		
eun tr	CT	Sugar	Gallery LLC			
SUBJE	.C1:	Name of Lim	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
			Ramonita Benitez			
			Name of Person		-	
					707	
			Firm/Company		2023 FEAK	
			12106 Towboat CT	•:	- X	ستعه (تعمر ا
			Address		· - - =	
			Orlando FL 32828	· 1	္ ့	ب ^{ئى} د
			City/State and Zip Code	<u> </u>	- ': C	2
		F-mail addrose: (networkrvf@gmail.com to be used for future annual report in	artification)		
For fur	ther information c	oncerning this matter, please c				
	Ramonita	-	787	220-8416		
	Name o	f Person	at () Area Code Days	time Telephone Number	•	
Enclose	ed is a check for th	ne following amount:				
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fi Certifica Certified (additional	te of St Copy	atus &
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration S Division of C The Centre o 2415 N. Mon Tallahassee.	Section forporations f Tallahassee roe Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Gall			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Jability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on	01/14/2022	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	lity company her	<u>ē</u> :	
Sweet Gallery LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the abl	brgviation "L.L.C."
Inter new principal offices address, if applicable:			2
Principal office address MUST BE A STREET ADDRESS)			第一 。
			77
			P 1 1 1 1 1 1 1 1 1
nter new mailing address, if applicable:		jiler	က် 💆
Mailing address MAY BE A POST OFFICE BOX)		1	
Staning duaress SIAT BE A POST OFFICE BOX)		<u> </u>	
J. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name</u>	e of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	
	Ciţy		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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				□Remove
				□ Change
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<i>-</i>	ther than the date of fili sted, the date must be specific a serted in this block does not to date on the Department of	and cannot be prior to d t meet the applicable	late of filing or more tha	n 90 days after filin	g.) Pursuant to 605.020
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