L22CCOO 76653

(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Solution of Col			
Nita's Trea			
SUBJECT:		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Benita Kelly		
		Name of Person	
	Nita's Treat, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2465 Randall Street		
		Address	 _
	Sanford, FL 32771		
		City/State and Zip Code	
	benitaklly@yahoo.com	to be used for future annual report no	
For further information of	concerning this matter, please co	·	meadon)
Benita Kelly		321 527-8160	
Name o	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nita's Treat, LLC		ZUZZELI 25 PM
(Name of the Limited (/	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	2/16/22	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L22000076653	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Nita's Treats, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		e name of the new registere
agent and/or the new registered office addites	incre.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fiorida street dadress	
	, Flor	ida
	City	Zio 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		******	Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
			□Remove
			□Change

Effective date. If other than the date of filing: (If an effective date is firsted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (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. 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 ord is filed. Dated April 23 5 20 , 2022 Signature of a member or authorized representative of a member Bentta Kelly		
Effective date, if other than the date of filing:		
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	Dated	
		A STATE OF THE STA
Benita Kelly		Signature of a member or authorized representative of a member

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