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## **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: SWEET DIVE + COMPANY  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Curstin Phelps	
Sweet Olive + Company	
3333 Lucky Debonair Trail Address	
Tallahassee, FL 32309 City/State and Zip Code	
Sweet Niveand company 22 o gmail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CUYSHIN THEISS at (850) 738 - 1971  Name of Person Area Code Daytime Telepho	one Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporation	anc.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

Sweet olive -	Company	2022 JUL 18 PH 3: 52
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L22000234242</u>	y Company were filed on <u>f</u>	May 19, 2022 and assigned
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the l	imited liability company h	ere:
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ecords, enter the name of the new registered
agent and of the new registered office address her	Σ٠	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
_	Cir	, Florida
	City	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 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	<b>Type of Action</b>
MGR	Andrea Lee	733 Livingston Court Tallahassee, FL 3 2 303	
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