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COVER LETTER

	istration Section is sign of Corporation of Corporation (Corporation)			
SUBJECT:	Swe		cessions, LLC ted Liability Company	
The enclosed	Articles of Arr	endment and fee(s) are sub-	mitted for filing.	
Please return	all corresponde	ence concerning this matter t	o the following:	
		Jamie '	Van byke Name of Person	
		SweetL	Life Concessions Firm/Company	HC_
		9404 B	rewton fle Address	
		Engleio	City/State and Zip Code	4
	-	Sweet lite C E-mail address: (to	oncessions of one	all coursication)
For further in	formation conc	erning this matter, please ca	11:	
<u>Ja</u>	Name of Pe	endere	at (LOLO) 799	- 1473 Telephone Number
	Name of Pe	rson	Alea Code Dayunk	: receptione runnoc
Enclosed is a	check for the f	following amount:		
☑ \$ 25.00 Fi	iling F c e	☐ \$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 Address:
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

Sweet Life Co) LI encizason	2022 AUG - 1 PM 1:21
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recuited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	· 1 - · ·	22 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words 'Limited I	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· - · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES:	<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 off agent and/or the new registered office address here:	īce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iress
	the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) mited Liability Company were filed on	
	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>	Name	Address	Type of Action
MGR	Jamie Vandyke	9404 Brewton Ave	IDAdd
		Englewood FL 3422A	□Remove
			□ Change
AMBIZ	James Van Dyke	9909 Brewton Ave	DAGG
		9909 Brewton Ave Englewood, FL 34224	□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			Remove
			□ Change
			□Remove
			Change
			□ Add
			□Change

		
n effecti te: If t	date, if other than the date of filing:	020 7 d as
rument	s effective date on the Department of State's records.	
ecord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed	Aug / 2022	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	