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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

. Division of Corp	orations		
SUBJECT: Th	je Sweet S Name of Lim	SNACK CYLAN ited Liability Company	rery, uc
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Noelia	Name of Person	
		Firm/Company	
	2611 Cum	berland Clif	SECRETARY OF STATE TALLAHAS SEE. FL.
	Ruski	n G 33\$10 City/State and Zip Code	CT-4 CT-4 LAHAS
	Moeste o	to be used for future annual report notifi	mad Comme 3
For further information co	ncerning this matter, please ca	all:	一音 31
Noelle D Name of	pelgado Person	at (954) 519 Area Code Daytime	-777S Telephone Number
Enclosed is a check for the	e 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 Address</u> Registration S		Street Address: Registration Sec	ction
Division of Co P.O. Box 6327	orporations	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he sweet shack creament

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 999202 and assigned

Florida document number 2220039419

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

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	Noelle Delgado	2611 Cumberland Cliff	Dy godd
	J	2611 Cumberland Cliff Ruskin, A 33570	t □Remove
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