

Florida Department of State

L220003609663
Division of Corporations
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H220003609663

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : 120140000098
Phone : (786)372-1391
Fax Number : (786)762-2589

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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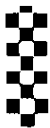
2022 OCT 21 AM 8:53

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SWEET PETTEETS LLC

Certificate of Status	0
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2022 OCT 21 AM 10:12
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H 220003609663



Oct. 20. 2022 3:13PM

No. 0320 P. 5



October 5, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SWEET PETTEETS LLC
9815 NW 32ND STREET
DORAL, FL 33172US

Re: Document Number L22000394679

The Articles of Amendment to the Articles of Organization for BYLIFE LLC which changed its name to SWEET PETTEETS LLC, a Florida limited liability company, were filed on October 4, 2022.

This document was electronically received and filed under FAX audit number H22000339598.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Jalesa S Dennis
Regulatory Specialist III
Division of Corporations

Letter Number: 122A00022201

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SWEET PETTEETS LLC

H 22 000 36 09 66 3

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

The Articles of Organization for this Limited Liability Company were filed on 10.20.2022 and assigned
Florida document number L22000394679

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

N / A

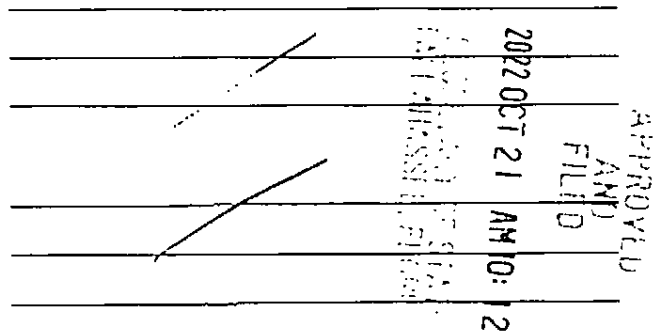
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Form fields for Name of New Registered Agent, New Registered Office Address, City, Florida, and Zip Code, with a signature line across them.

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

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If an Oct. 20, 2022 Ar 8:13 PM person(s) authorized to manage, enter the title, name, and address of No. 0320 Person P. 3g added
or removed from our records:

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MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OTTER-MARTINEZ LUCRECLIA	7500 NW 25TH STREET	<input type="checkbox"/> Add
		246, MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DI COLA, JOAQUIN G	7500 NW 25TH STREET	<input type="checkbox"/> Add
		246, MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DI COLA, MARIA B	7500 NW 25TH STREET	<input type="checkbox"/> Add
		246, MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DI COLA, GUSTAVO V	7500 NW 25TH STREET	<input type="checkbox"/> Add
		246, MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 22000 3609 603

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 10/20/22 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If 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 record is filed.

Dated 10/20, 22

Patricia Borges
Signature of a member or authorized representative of a member

PATRICIA BORGES
Typed or printed name of signer