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(((H23000136778 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-TRUE HEARTED SCRUBS AND MORE LLC

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Help

COVER LETTER

(((H23000136778 3)))

CHID INCT.	TRUE HEARTED SO	TRUBS AND MORE LLC		
SUBJECT:	Name of Lim	nted 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:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 5	STE 220		
		Address		
	HOUSTON TX, 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
	E-mail address: (to be used for future annual rep	ort notification)	
For further information c	concerning this matter, please co	ıll:		
LOVETTE DOBSON		at () at ()	888-462-3453	
Name o	of Petson	Area Code	Daytime Telepho	one 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 enclose

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

(((H23000136778 3)))

TRUE HEARTE	D SCRUBS AND MORE LLO	;	
(Name of the Limited Liabili (A Florid	ty Company as it now appears (a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	09/20/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	<u>:</u> :	
SWEETS DESIGN & CUSTOM L.L.C.			
The new name must be distinguishable and contain the words "Lur	nited Liability Company," the desi	ignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
(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 here:	d office address on our rec	ords, enter the 1	name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
Name Danietował Office Address			72 =
New Registered Office Address:	Emer Florid	a street address	7. 7. 6
	·	Florida	
New Registered Agent's Signature, if changing Registere	Ciţy d Agent:		: In Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	omplete performance of m gent as provided for in Ch ed office address, I hereby	y duties, and Lo apter 605, F.S.	un familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000136778 3)))

MGR =	Manager	
AMBR =	Authorized	Member

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

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	after the
Signature of Thember or authorized representative of a member	
Zaneta Peterson	