4/27/23, 2:57 PM

Division of Corporations

## Florida Department of State

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(((H23000157867 3)))



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

Email Address: DAVID@SWEEPDREAMSOFSTUART.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWEEP DREAMS OF STUART LLC

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APR 28 2023

K. Srumble)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000157867

Sweep Dreams  (Name of the Limited Liability Comp. (A Florida Limited	of Stuart LL inv as it now appea Liability Company)	C rs un our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	January 6, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ho	ere:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1104 NE Inc	dustrial Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Jensen Bea	ch, FL 34957	-
Enter new mailing address, if applicable:	1104 NE Inc	dustrial Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Jensen Bea	ch, FL 34957	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e:</u> Cherie 1104 N	our records, enter t  C. Leatherman  E Industrial Blvd	he name of the ne
l <sub>a</sub>			34 <b>8</b> 57
	ensen Beach Cine	, Florida	. 34957 Zin Code
New Registered Agent's Signature, if changing Registered Agent:	•		. 7

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.

Cherie C. Leatherman

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Cherie C. Leatherman

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Diaz-Robinson	4322 SE Chesapeake Bay Drive	
		Stuart, FL 34997	■ Remove
AMBR	Pinecone Business Consulting LLC	1104 NE Industrial Blvd	<b>■</b> Add
		Jensen Beach, FL 34957	☐ Remove
			<del></del>
			D Add
			□ Remove
			☐ Remove

amending	any other information, e	nter change(s) here: (Attach a	H23000° dditional sheets, if necessary.)
		*****	
	-		
	e, if other than the date of te must be specific, cannot be produment is filed by the Florida De	of filing: ior to date of receipt or filed date and ex- epartment of State)	(optional) annot be more than 90 days after
ated	April 27	2023	
		Cherie C. Leatherwo	ги
	Signati	ne of a member or authorized represer	ntative of a member
		Cherie C. Leatherm	an

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