

L23000139484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

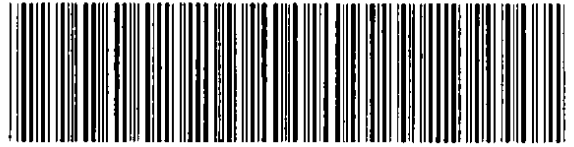
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 AUG -4 PM 1:04

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08/04/23--01018--024 **25.00

Handwritten signature or mark

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sweet Spot Creamery, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alaina Dobos
Name of Person

The Sweet Spot Creamery, LLC
Firm/Company

4281 E. Main St.
Address

Jupiter, FL 33458
City/State and Zip Code

icecream sandwich girls @ gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alaina Dobos at (954) 790-1719
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

Con

Zip Code

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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---------------------|---|
| AMBR | Alaina Dobos | 4281 E. Main St. | <input checked="" type="checkbox"/> Add |
| | | Jupiter, FL 33458 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Michelle Cupertino | 227 Date Palm Dr | <input checked="" type="checkbox"/> Add |
| | | Lake Park, FL 33403 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Error in original filing. I forgot to
correctly classify individuals.

E. Effective date, if other than the date of filing: _____ (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 July 27, 2023



Signature of a member or authorized representative of a member

Alaina Dobos

Typed or printed name of signee