L23000234118

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
OUD LEAT	Necie's Pie	ees LLC		
SUBJECT:		Name of Lin	ited 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:	
		Denetris Malcolm		
			Name of Person	
		Sweet Punkin'z LLC		
			Firm/Company	
		260 W Hemingway Circle	:	
			Address	
		Margate, Fl. 33063		
		*	City/State and Zip Code	
		NecicPieces@yahoo.com		
		E-mail address: (to be used for future annual report n	otification)
For further in	nformation c	oncerning this matter, please c	all;	
Jason Malco	lm		203 814-5359 at ()	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 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)
	ling Addres		Street Address: Registration S	Section
		orporations	Division of C	
P.C	. Box 632	7	The Centre of	•
Tal	lahassee, F	FL 32314	2415 N. Mon	roe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Necie's Pieces LLC			
(Name of the Lin	nited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Florida document number L23000234178	Liability Compa	nny were filed on	and assigned
	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
Sweet Punkin'z LLC			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)		
			2023 SE
B. If amending the registered agent and/or		ce address on our records, enter the n	ame of the new register
agent and/or the new registered office addr	ess nere:		1 22 Y 22
Name of New Registered Agent:	N/A		m. P
New Registered Office Address:		Enter Florida street address	OF C
		Emer v toriaa sireet adaress	Olivi C
		, Florida	
		City	Zip Code

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

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>	Address	Type of Action
N/A	N/A	N/A	⊐Add
			□ Remove
			Change
			□Remove
			Change
			
			ПRетюve
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lian of <u>Note:</u>	ive date, if other than the date of filing: N/A (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
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docum	rd 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 led.
docum	led.
docum e recor rd is fi	led.

Filing Fee: \$25.00