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COVER LETTER

Division of Cor	porations		
SUBJECT:	SAY IT W	TH CANDIE	s LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLIA	M G. WEP	<u>.B</u>
	SAY IT W	Firm/Company	ددد
	434 B.Sc	AY NE AVE	N.W.
	PALM BA	/ FL City/State and Zip Code	32907
	Say Hw. 4h Candi E-mail address: (to be used for future annual report not	COM
For further information co	oncerning this matter, please ca	all:	·
WILLIAM Name of	C. WEBB	at (321) 93° Area Code Daytin	7・4595 ne Telephone Number
Enclosed is a check for th	e following amount:		
☑\$25.00 Filing Fec	☐ \$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 enclosed)

TO:

Registration Section

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

SAY IT WITH	1 CANDIES	LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Companification for the Limited Liability Companification of the Articles of Organization for this Limited Liability Companification of the Articles of Organization for this Limited Liability Companification for the Articles of Organization for this Limited Liability Companification for the Articles of Organization for this Limited Liability Companification for the Articles of Organization for this Limited Liability Companification for the Articles of Organization for the Organization for	y were filed on $05/c$	$\frac{73}{2023}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.0
(Principal office address MUST BE A STREET ADDRESS)		ب <u></u>
		.:
Enter new mailing address, if applicable:		ت ند
(Mailing address MAY BE A POST OFFICE BOX)		
		19
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street addre	ess
	, F	lorida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	WILLIAM G. WEL	BB 434 BISCAYNE AVE NEW.	_ Add
		PALM DAY FL 32907	□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after th
ted JUNE 13 . 2023	
Signature of a member or authorized representative of	a member

Filing Fee: \$25.00