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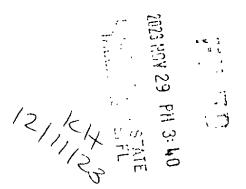
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COVER LETTER

TO:		stration Section of Corp						
234 LAN 1115		SWEET N S	AVORY LLC					
SUBJE	CI: ,		Name of Lir	nited Liability Company				
The enc	losed	Articles of A	mendment and fec(s) are su	bmitted for filing.				
Please re	eturn :	all correspon	dence concerning this matte	r to the following:				
			CARLOTTA ORRICO					
	Name of Person							
	SWEET N SAVORY LLC							
				Firm/Company		-		
	143 WESTON RD							
				Address				
			WESTON, FL 33326					
				City/State and Zip Code				
			IMBCADVISORY@GMA	AIL.COM (to be used for future annual	report notification:			
For furtl	her in	formation co	ncerning this matter, please					
CARLO	OTTA	ORRICO			5-7888		<u></u> _cc_	28
		Name of	Person	Area Code	Daytime Teleph	none Number	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	202 KOV 53
Enclose	d is a	check for the	following amount:					
■ \$25	.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		2 \$60,00 Filis Certificate Certified C cadditional co	of Status & 'opy근무를	=

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

SWEET N SAVORY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/09/2023}{-}$ and assigned Florida document number 1.23000373968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to company 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
MGR	ORIFICI GIOVANNI		□ Add
		209 LAKE VIEW DR APT 202 WESTON FL 33326	■Remove
			🗆 Change
			□ Add
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			□Change
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Filing Fee: \$25.00