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KH 11/2/23

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: E &	S DELIGHT	sicc		
	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person		
		Name of Person		
		Firm/Company		
		Address		
		City/State and Zip Code	 	
	E-mail address: (to be used for future annual report noti		
For further information of	concerning this matter, please c	all:	e Telephone Number Number ASSE	±Ŋ Ú
		at ()	7	,a = *
Name o	f Person	Area Code Daytim	e Telephone Number	() () () () () () () () () ()
Enclosed is a check for t	he following amount:		E.FL	
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & S Delights LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recuited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on 9/5/2023	and assigned
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 "I	LC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>sy</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 O
		CT 24
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>en</u>	ter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
	Enter Piortua Sirect da	
	City	, Florida Zip Code
	C/113	sarpr sisses

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 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	EARL RAMSEY	4829 South Leveld, Del Ruh,	CL 33445 1 MAdd
		 	□Remove
			_ Change
MGR	Sabrina Ramsey	4824 South Lee Rd, Rat But, Fl 33	igi Kadd
			□Remove
			□Change
			🗀 Add
			Remove OCT
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ective date, if other than the date of filing:	(optional)	
neffective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) ling requirements, this date v	Pursuant to 605.029 will not be listed:
cument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on the earlier of (h). The	o Onth day after th
s filed.	ii. on the carrier or. (b)	, your day arter in
10/14/2023		
ted		
Signature of a member or aluthorized representat		