L23000438117

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY Ë ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

2023 OCT 19 PH12: 40

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, October 10, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: SUGAR BLISS DELIGHTS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

| то: | Registration Sec Division of Corp | | | | | |
|----------|--------------------------------------|---|--|---|--------------|---------------------------|
| SUBJE | CT: <u>SUGAR E</u> | BLISS DELIGHTS, LLC Name of Lim | ited Liability Company | · | | |
| | | | | | | |
| The end | closed Articles of A | amendment and fee(s) are sub | mitted for filing. | | | |
| Please i | return all correspon | dence concerning this matter | to the following: | | | |
| | | Corpor | ate Maintenance Lea | ad | | |
| | | | Name of Person | | | |
| | | Proc | essing Department | | 202 | () |
| | | | Firm/Company | · | 30 | 7 |
| | | 1 | 450 Vassar St | | 2023 OCT 9 | DIRECTOR OF GOTTON ACTION |
| | | | Address | | | (C) |
| | | | Reno, NV 89502 | | X 72 | |
| | | | City/State and Zip Code | | PH 12: 40 | 1 1 1 1 |
| | | li-mail address: (| to be used for tuture annual report notifi | cation) | | |
| For furt | her information co | ncerning this matter, please co | ill: | | | |
| | Processi | ng Department | at (800) 638-2320 | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclose | d is a check for the | following amount: | | | | |
| | .00 Filing 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) | | |
| | Registrat Division P.O. Box | NG ADDRESS: tion Section of Corporations c 6327 sec, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen | n tions | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 188 DELIGHTS, LLC | |
|---|---|-------------------------|
| (Name of the Limited Liability (A Florica I | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L23000438117 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limne | ed Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ~~~ |
| (Principal office address MUST BE A STREET ADDRI | ESS) | <u> </u> |
| | | <u> </u> |
| Enter new mailing address, if applicable: | | 61.18 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Matting dualess MAT BL AT OST OTTTCL BOX) | | 73 - 33 W |
| | | 0 |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent. | | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | - |
| | , Florida | <u></u> |
| | 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> | Name | Address | Type of Action |
|--------------|---------------------|-------------------------------|----------------|
| MGR_ | Michael L Cruck III | 6328 Sparkling Way | Add |
| | | Wesley Chapel South, FL 33545 | ☑ Remove |
| | | | Change |
| MGR_ | Michael L Kruck III | 6328 Sparkling Way | |
| | | Wesley Chapel South, FL 33545 | Remove |
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| D. If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| Note: If the | date, if other than the date of filing: N/A (optional) we 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 605,0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records. | | |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Ith day after the record is filed. | r of: | |
| Dated | Organ Kurry Signature of a member or authorized representative of a member | | |
| | _ argu Kurck | | |
| | Angela Kruck | | |
| | Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00