## 123000461265

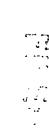
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
umilk
Office Use Only



400422736294

01/30/24--01010--021 \*\*35.00

WILLARYSSEELFLOODS



## **COVER LETTER**

TO: Registration Se Division of Cor	porations		
SUBJECT:	Sweet Deel Name of Lim	ights, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dee 1	Mame of Person  Veelights, LLC  Firm/Company	
	•	Name of Person	
	Sweet D	reelights, LLC	<u> </u>
	14850 E	Ped Fox Run 4	14
	Naples.	FL 3411D  City/State and Zip Code  39 @ Yahw. Cow to be used for puture annual report note	
	1 1	City/State and Zip Code	
	_deerichards	39 @ yahoo.com	<u> </u>
			incation)
	oncerning this matter, please ca	all:	
Dee McC	intcheon .	at ( <u>231</u> ) 273 Area Code Daytin	5-5197
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$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)
Mailing Addres		Street Address:	ution
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet Deel	1,9 hts LLC	
( <u>Name of the Limited Liabil</u> (A Floric	li Company as it now appears on ou la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Florida document number L a 3 000 4 6 1 a 6	Company were filed on Oct	5,2033 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
enter new principal offices address, if applicable. Principal office address MUST BE A STREET ADD	(RESS)	· · · · · · · · · · · · · · · · · · ·
Trincipal office address MOST BUTTSTILLET TIDE	<u> </u>	2024 TALL
		LECRE!
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		me 🗩 📜
		50 <del>=</del> ₹./
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record :	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
		, 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 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	Dee McCutcheon	14550 Red Fox Run #4	14 Add
		14550 Red Fox Run #4 Naples, FL 34110	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
		<del> </del>	□Remove
			Change
		<del></del>	🗆 Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(it an effe Note:	ye date, if other than the date of filing:
ord is fil	
Dated _	2-25-24  Dee MC Authorized representative of a member
	O. Mc autcheon
	Signature of a member or authorized representative of a member
	Dee Mc Cutcheon  Typed or printed name of signce

Filing Fee: \$25.00