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7/9/24

COVER LETTER

.

TO: Registration Division of C	n Section Corporations			
	Mixes, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Kenneth D. Hoover			
		Name of Person		
	7 Sins Mixes, LLC			
		Firm/Company		
	546 Wilkie Street			
	546 Wilkie Street Address Dunedin, FL 34698			
	Dunedin, FL 34698			
		City/State and Zip Code		
	info@7sinsmixes.com E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please c			
Kenneth Hoover		727 249-4179		
Nar	ne of Person	Area Code Daytime Telephone Number		
Enclosed is a check for	or the following amount:			
■ \$25.00 Filing Fee	c S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
P.O. Box	on Section of Corporations	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

7 Sins Mixes, LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	eords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/30/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		;
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	and I am familiar with and 15. F.S. Or, if this document is

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	Bridgette T. Mcabec	733 Vine Ave., Dunedin, FL 34698	■Add
			□Remove
			□Change
			🗀 Add
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fective date, if other than the	e date of filing:	of Gline or more than 00 days after Gl	al)
te: If the date inserted in this b	lock does not meet the applicable st		
cument's effective date on the D	repartment of State's records.		
	and an item and one of the second	12.01	771. 004.1. 0.41
ecord specifies a delayed effectives filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The SARIN day after th
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ted	2024		
			•
Kenneth D Hoover	Signature of a member or authorized r	concessatative of a marrhar	

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