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Office Use Only



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24 SEP -4 AH 5: 27

COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT:	SWEET TOPPINGS LLC Name of Limited Liability Company)	
The enclosed Articles of Art	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	ROXanne Earle Name of Person	
	Firm/Company	
	1959 Courson Rd	
	Middleburg F1, 32068 City/State and Zip Code Coxannemontrose Cyahoo. Com E-mail address: (to be used for future annual reportantification)	
-	Coxannemontrose Cyahoo. Com E-mail address: (to be used for future annual reportantification)	
For further information conc	erning this matter, please call:	
Roxanne Name of Pe	Farle at (386) 336-1432 Area Code Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Sweet (Name of the Limited	Liability Company as it now appears on our reconstruction Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	24 SEP
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	G. 71
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress
		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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roxanne Earle	1959 Courson Rd	IzAdd
		1959 Courson Rd Middleburg F1 3206	<u></u>
2			□Change
MOR	William Backus	1959 Courson Rd	TAdd
		1959 Courson Rd Middleburg F1 3206	Remove □Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effectiv Note: If t	date, if other than the date of filing:
e record sp ord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Aug 29 2024. R Earle Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Roxanne Earle Typed or printed name of signee
	Typed or printed name of signee