## L24000263253



(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.		
KING - MINI HILLIA		
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## **COVER LETTER**

	vision of Cor				
enn irær.	SWEET VIVA LLC  :				
SUBJECT:					
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		М	ARIA VALERIA VALLINA		
			Name of Person		
40000					
	Firm/Company				
	5537 SHELDON RD STE E				
	Address				
	TAMPA, FL, 33615				
		<del></del>	City/State and Zip Code		
			lleria@contadoraenusa.com	-	
		E-mail address: (	to be used for future annual report n	otification)	
For further i	information c	oncerning this matter, please c	all:		
MARIA VA	LERIA VAL	LINA	813 580-3700		
	Name o	f Person	at () Area Code Days	time Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address: Registration		
Registration Section Division of Corporations		Division of C			
P.O. Box 6327			The Centre o	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SWEET VIVA LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L24000263253	Company were filed on 06/10/2024 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:
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registe</u> :
Name of New Registered Agent:	<u></u> ,
New Registered Office Address:	Enter Florida street address
	, Florida

## 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>	<u>Name</u>	Address	Type of Action
MGR	TRAIAN, DIEGO NORBERTO	11709 BRANCH MOORING DR TAMPA, FL	33635 <sub><b>T</b>}Add</sub>
			[] Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			¬Remove
			□Change
	<del></del>		□Add
			Remove
			□Change
			□Add
			□Remove
			[]Change
			🗆 Add
		<u> </u>	□Remove
			□ Change

iz. II alii	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:  [cetive 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 605.0207 (3)(b)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Nov 13 2024
	LEQUI
	Signature of a member or authorized representative of a member
	Maria Valeria Vallina

Typed or printed name of signee