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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet River Company LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melisso Villaceal Name of Person
Sweet River Company, UC Firm/Company
18281 FM 150 W × 1007
Driffwod TX 78619 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Melisa Villacea at (817) 714 - 9808 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

CR2E055 (9/15)

□\$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

\$60 Filing Fee,

Certificate of Status &

Certified Copy

Enclosed is a check for the following amount:

☐ \$30 Filing Fee &

Certificate of Status

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: 5000 History Company as it appears on the records of the Florida Department of
Enter new principal office 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)
2. The Florida document number of this limited liability company is: M25 00000403
3. Jurisdiction of its organization: Texas
4. Date authorized to do business in Florida: 1/02/2025
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address:
New Registered Office Address: Enter Florida Street Address
no-ida
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.

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
8. (If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:		
Filler Capacity Name	of Action	
VP Melissa Villarea 18281 FM150W 1007	MAdd	
Driftwood, TX 7869		
CEO Mott Hollogeworks 18281 FM150W *1007	G Add	
Doftwood, TX 78619		
Authorized Ropald Villaged 18281 FM150W*1007	SAdd	
Dr. Ftwaad, TX 7860	□Remove	
CFO JOSF JOCODS 18281 FM150 W 1007	EXU	
Dr. Ftword, TX 78/019	□Remove	
	□Add	
9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the	□Remove	
jurisdiction under the law of which this entity is organized. Signature of the authorized representative	2025 h	
Michael Carle Typed or printed name of signee	HAR 25	
Filing Fee: \$25.00	PH 3: 33	
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