# P13000016426

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SECTION SOFT STATE

MAR 2 0 2013

T. CAULEY

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	SWEET SEN	ISATIONS O	F SOUT	TH FLORIDA, INC.		
DOCUMENT NUMBER:		P130000	13000016426			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing	<b>5</b> -			
Please return all correspondence	concerning this ma	tter to the follow	ing:			
	Ste	phanie A	\ Delg	gado		
<del></del>		Name of Con	tact Person	1		
	Sweet Ser	sations of	South I	Florida, Inc.		
		Firm/ Co	mpany			
	2739 W	79th ST	., Uni	it # 18		
		Addr	ess			
	Hialeah	, Fl. 330 <sup>-</sup>	16			
		City/ State and	d Zip Cod	2		
	hest850	00@aol.c	om			
E-ma	il address: (to be us	_		notification)		
	(**			······································		
For further information concerning	ng this matter, pleas	se call:				
Stephanie A Del	gado	at (	305	316-2007		
Name of Contact	Person	" \_		de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Flo	orida Depa	artment of State:		
	3.75 Filing Fee & trificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status, Certified Copy (Additional Copy is enclosed)		
Mailing Addre			Street	Address		
Amendment Se	Amendment Section Division of Corporations					
Division of Co P.O. Box 6327	•			Building		
Tallahassee, FI				xecutive Center Circle		

Tallahassee, FL 32301

#### **Articles of Amendment** to Articles of Incorporation



### Sweet Sensations of South Florida, Inc

13 MAR 18 PH 1:39

## (Name of Corporation as currently filed with the Florida Dept. of State)

P13000016426

endment(s) to

(Document	Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendmo	
A. If amending name, enter the new nar	ne of the corporation:			
N/A			The new	
name must be distinguishable and conta "Corp." "Inc." or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbreviation	
B. Enter new principal office address, if	applicable:	N/A		
(Principal office address MUST BE A ST.				
C. Enter new mailing address, if applic		N/A		
(Mailing address MAY BE A POST O	FFICE BOX)			
D. If amending the registered agent and	or registered office addre	ss in Florida, enter the na	me of the	
new registered agent and/or the new		55 FA F TOTALLY CITIES THE	ne or me	
Name of New Registered Agent Stephanie A Delgado				
	2739 W 79th	St., Unit # 18	- 	
-	(Florida stree		<u></u>	
New Registored Office Address: _	Hialeah, Fl.	Florida	33016	
ren Registeren Office Hauresg.	(City)	, 1 joinda	(Zip Code)	
Now Degistered Agent's Signature if she	unging Desistand Assatt			
New Registered Agent's Signature, if challenges the appointment as register	red agent. I am familiah wi	th and accept the obligation	is of the position.	
<b>X</b>	e sharia I	1 Valo		
Sign	nature of New Registered Ag	gent, if changing	•	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe						
X Remove	<u>v</u>	Mike Jones						
X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s					
1) Change	Р	Maria Delgado	2440 W 80th St					
Add			Unit # 3					
X Remove			Hialeah, Fl. 33016					
2) Change	Р	Stephanie A Delgado	2739 W 79th St					
X			Unit # 18					
Remove			Hialeah, Fl. 33016					
3) Change								
Add								
Remove								
4) Change		_						
Add								
Remove								
5) Change								
Add								
Remove								
6) Change		_						
Add								
Remove								

(Attach ac	dditional shee N/A	us, if necessa	ry). (B	e specific)	}				
<del></del>	IN/A							<del></del>	
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If an am	endment pro ons for imple	vides for an	exchang	e, reclassi	ification, o	r cancellati	on of issued	l shares.	
(if)	not applicable	indicate N∕	A)	iciit ii not	Contamer	in the aine	<u>nament nsc</u>	<del></del>	,
	N/A								
					<del></del>	<del></del>	<del></del>		
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	<u></u>								

The date of each amendment(s) adoption:	02/20/2013	
Effective date if applicable:	02/20/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by		
(ve	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated	to Marie Delacto	
Signature(By a director, pro	esident or other officer – if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(The or berson signing)	