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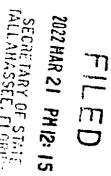
(Requestor's Name)
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03/21/22--01031--022 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: A SWEET EXPER	IENCE INC		
DOCUMENT NUM	ALLAPA00009	<u> </u>		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	AIMEE STANLEY			
		Name of Contact Person	1	
	A SWEET EXPERIENCE, I	NC		
		Firm/ Company		
	716 W MONTROSE ST			
		Address		
	CLERMONT, FL 34711			
		City/ State and Zip Cod	e	
	INFO@SUGARMAMASCA	NDYBAR.COM		
	-	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:	220-7271	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			<u>Address</u>	
			lment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A SWEET EXPERIENCE, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P20000096446	20 S TA	
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amend	dmon
A. If amending name, enter the new name of the corporation:	r Pr	[]
NIA	<u>⊕</u> <u>7</u> / №	new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the w	p.,'' vord
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ΑΙα	
). If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	<u>s:</u>	_
(Florida st	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
iew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar		
Signature of New I	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

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)

Example:

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.

X Change	<u>B.I.</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>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	STANLEY, AIMEE	589 BLUE CYPRESS DR
Add			GROVELAND, FL 34736
Remove			
2) X Change	D	SUMMA, MARCELLA	2446 SHELBY LANE
Add			CLERMONT, FL 34711
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
PRIMALA ANED TO DE CONDECTRA TO 05 1212572	
FEI/EIN NUMBER TO BE CORRECTED TO 85-4312563	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	•
	-

•

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	3/13/22		
The date of each amendment(s) acd ate this document was signed.	Joption:	if other	than the
3/13/ Effective date <u>if applicable</u> :	722		
	(no more than 90 do	ays after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De		te statutory filing requirements, this date will not be liste	ed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or boar	rd of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were ado by the shareholders was/were su		imber of votes cast for the amendment(s)	
		th voting groups. The following statement e separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were s	sufficient for approval	
by	(voting group)	<u> </u>	
2/42/02			
3/13/22 Dated		<u> </u>	
Signature	(IIMA		
(By a di		- if directors or officers have not been	
	i, by an incorporator – if in the na ed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court	
	AIMEE STANLEY		
	(Typed or printed nan	ne of person signing)	
	DIRECTOR		

(Title of person signing)