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COVER LETTER

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eun iezt.		A Dream Sweets Bakery, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Nicole A. Richardson-Way	,			
			Name of Person			
			Firm/Company		S.E.	3
		7636 Arancio Drive			SECRETARY OF STATE TALLAHASSEE, FL	! :
			Address		(H)	; ;
		Jacksonville, FL 32244			TARY OF STAHASSEE	
		lizziesbakeshop1907@gma	City/State and Zip Code il.com		2: 0: STATE S.F.L	<u>.</u>
		E-mail address: (to be used for future annual report notificati	on)	m o	
For further i	nformation c	concerning this matter, please c	all:			
Nicole A. R	ichardson-W	'ay	904 240-6924 at ()			
	Name o	of Person	Area Code Daytime Tel	lephone Number		
Enclosed is	a check for t	he following amount:				
□ \$25.00	Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Re	uiling Addresses		Street Address: Registration Section Division of Corpora			
	O, Box 632		The Centre of Talla			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

It Was All A Dream Sweets Bakery, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2020}{1}$ and assigned Florida document number 1.20000232754 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lizzie's Bake Shop, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7636 Arancio Drive Enter new principal offices address, if applicable: Jacksonville, FL 32244 (Principal office address MUST BE A STREET ADDRESS) 7636 Arancio Drive Enter new mailing address, if applicable: Jacksonville, FL 32244 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> N/A _ □Add _____ □Remove \square Add ATE O Remove ____ □Change .____ 🗀 Add _____ Change □ Change _ □Add □Remove

□ Change

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f an effect	tive daté is listed, t the date inserte	he date must be :	specific and	cannot be p	rior to date o	of filing or n	nore than 9) days after	r filing.) Pu s dato wil	rsuant to	605.020 listed a	(
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