

L21 000 278 400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

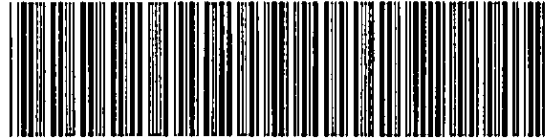
(Business Entity Name)

(Document Number)

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2022 OCT -4 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NO GUILT BAKERY, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AXEL GONZALEZ  
Name of Person  
BUSIENSS FLORIDA SOLUTIONS LLC  
Firm/Company  
3403 NW 82ND AVE STE 330  
Address  
DORAL FL 33122  
City/State and Zip Code  
SUPPORT@ADVISORSFLORIDA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AXEL GONZALEZ at (305) 7121040 EXT 200  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NO GUILT 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 06/15/2021 and assigned Florida document number L21000278400.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CROSBY 3211, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

801 S MIAMI AVE

**(Principal office address MUST BE A STREET ADDRESS)**

UNIT 3201

MIAMI FL 33130

Enter new mailing address, if applicable:

801 S MIAMI AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

UNIT 3201

MIAMI FL 33130

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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.

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

2022 OCT -4 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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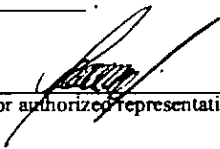
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 19th, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

YAZMIN PEREZ-RULFO (MBR)  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00