

L21000278510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

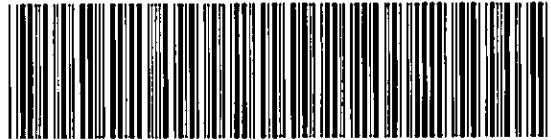
(Business Entity Name)

(Document Number)

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2022 AUG -9 AM 8:27

TALLAHASSEE, FL

FILED

2022 AUG -9 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

AUG - 9 2022

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **THOMAS & CO. SOLUTIONS, 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:

Brandon Thomas

\_\_\_\_\_  
Name of Person

Delish Luxury Cakes LLC.

\_\_\_\_\_  
Firm/Company

11702 Bearpaw Shale St

\_\_\_\_\_  
Address

Riverview, FL 33579

\_\_\_\_\_  
City/State and Zip Code

bradonthomassr74@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANDON THOMAS

210 291-8091  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

THOMAS & CO. SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 AUG -9 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/15/2021  
Florida document number L21000278510

This amendment is submitted to amend the following:

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

Delish Luxury Cakes 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:**

6421 N Florida Ave Ste D Unit 255

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

Tampa, FL 33604

**Enter new mailing address, if applicable:**

6421 N Florida Ave Ste D Unit 255

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

Tampa, FL 33604

**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:

Brandon Thomas

New Registered Office Address:

6421 N Florida Ave Ste D Unit 255 (address change only)

*Enter Florida street address*

Tampa

*City*

Florida 33604

*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**

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>                      |
|--------------|-------------------|-----------------------------------|--------------------------------------------|
| AMBR         | Brandon Thomas    | 6421 N Florida Ave Ste D Unit 255 | <input type="checkbox"/> Add               |
|              |                   | Tampa Fl 33604                    | <input type="checkbox"/> Remove            |
|              |                   | (address change only)             | <input checked="" type="checkbox"/> Change |
| AMBR         | Sherylonda Thomas | 6421 N Florida Ave Ste D Unit 255 | <input type="checkbox"/> Add               |
|              |                   | Tampa, Fl 33604                   | <input type="checkbox"/> Remove            |
|              |                   | (address change only)             | <input checked="" type="checkbox"/> Change |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <input type="checkbox"/> Remove            |
|              |                   |                                   | <input type="checkbox"/> Change            |
|              |                   |                                   | <input type="checkbox"/> Add               |
|              |                   |                                   | <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.)*

Please change the address for principal office and mailing address, Registered Agent,

and authorized members.

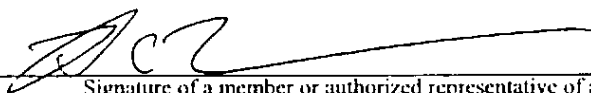
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 9<sup>th</sup>, 2022.



Signature of a member or authorized representative of a member

Brandon Thimma

Typed or printed name of signee