## L22 000 276068

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Velvety 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:	
Jaife Abou trabbi Name of Person	
Firm/Company	<u></u>
6366 NW 104th Ct	erision of contribution 22 SEP -9 PM 1: 36
Medley, FL 33178 City/State and Zip Code	3 PM 1: 36
Velvety bakery 1 @ gmail. com E-mail address: (to be used for future annual report notification)	: 36
For further information concerning this matter, please call:	
Taife Abou trabbi at (786) 7349169  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
Mailing Address:  Registration Section  Street Address:  Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velvety Ban	ery LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears of ad Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>0</u> 6	30/2022 and assigned
Florida document number <u>L2200029 6068</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here	::
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
		22 =
		SEF SIGN
Enter new mailing address, if applicable:		<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)		
		- 5
		36
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, enter the name of the new registe
ent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida	a street address
	, Florida	
	Cîty	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a	gree to act in this ca	pacity. I further agree to comply with
provisions of all statutes relative to the proper and comple	ete performance of m	y duties, and I am familiar with and
accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi	•	•

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>		Address	Type of Action
AMBR	Jaife Abou	trabbi El Awar	(366 NW 104th Ct Doral, FL 33178	⊠ Add
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			(26/2 NW 104th (+	□Change
MGK	Jaife Abou	trabbi El Awar	G366 NW 104th Ct Doral, FL 33178	(≯Add
				□Remove
				□Change
				Addtvisiii.
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f an effect Note: If	e date, if other than the date of filing:	suant to 60 not be lis	5.0207 ted as t
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th.	th day afte	er the
	August 18th . 2022.		
Dated	- cargarii 10 m		
Dated _	Signature of a member or authorized representative of a member		