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O SIMMONS APR 0 7 2021

COVER LETTER

O: Registration Section Division of Corporations	
JBJECT: Sweetie Cakes	110
	ed Liability Company
ne enclosed Articles of Amendment and fee(s) are subn	•
ease return all correspondence concerning this matter to	o the following:
Alama Bu	Name of Person
Suxetie (akes LC Firm/Company
8168 Cora	berry lane
, , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code Gmail Com The used for future annual report notification)
or further information concerning this matter, please cal	
Alana Burton	at (205) 440 - 0686
Name of Person	Area Code Daytime Telephone Number
iclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Ю:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweetie Cakes W	<u> </u>	2021 FEB 15 A	·
(<u>Name of the Effiited Liability Compa</u> (A Florida Limited I	inv as it now appea Liability Company)	rs on our records.)	1:44
The Articles of Organization for this Limited Liability Company	were filed on <u>C</u>	2 3 3030	and assigned
lorida document number <u>L2000145 067</u> .			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company " the c	designation "LLC" or the	abhreviation "L. L. C."
	my company, the c	designation title of the	aonevianoi 12,12,0,
Inter new principal offices address, if applicable:	 ·		
Principal office address MUST BE A STREET ADDRESS)			<u></u> .
			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered office a	address on our r	ecords, <u>enter the na</u>	me of the new registero
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida _	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agro	ee to act in this	capacity. I further a	gree to comply with th

rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added r removed from our records:

4GR = Manager

MBR = 1	Authorized Member	2021 0-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
<u>`itle</u>	<u>Name</u>	Address	15 Aif 7: 44 ———————————————————————————————————
			□Add
			□Remove
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			□Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to d	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 08 11 3021 /	
Signature of a member or authorize	ed representative of a member
Maria	

Filing Fee: \$25.00