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08 JUL -3 PM 1: 5
SECRETARY OF STATE
TALLAHASSEF FLORIDA

T. HAMPTON

JUL - 7 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Cake Up Productions, 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:
(Name of Person)
Cake Up Productions, LLC (Firm/Company)
8343 118th Street # 6L
Kew Lardens NY 11415 (City/State and Zip Code)
For further information concerning this matter, please call: Lyan Cayn duell at (7/8) 450 - 2404
(Name of Person) at (7/8) 450 - 2404 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee. Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF	AMENDMENT	08 SEC
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Cake Up Production	ns LLC	ORIO ATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u>) > 11
		(
The Articles of Organization for this Limited Liability Company	were filed on July 29,	2004 and assigned
Florida document number <u>L040005k224</u> .	<i>(</i>) <i>(</i>)	
This amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the limited liab	ility company here:	
Lending Me LLC		
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation
L.L.C.		
Enter new principal offices address, if applicable:	10821 NW 46	Drive
(Principal office address MUST BE A STREET ADDRESS)	Coral Sorings	Drine , FL 33076
Enter new mailing address, if applicable:	8343 118th	Street ABT GL
(Mailing address MAY BE A POST OFFICE BOX)	Kow Bardons	NV 11415
	7 1200 00 (1) 245	7 1111
B. If amending the registered agent and/or registered of	fice address on our records,	enter the name of the nev
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
Naw Paristand Office Address		
New Registered Office Address:	(Enter Florida s	treet address)
	· 	
	, Flo , City)	rida(Zip Code)
New Registered Agent's Signature if changing Registered Agent	, ,	(Dip Couc)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

		Add Remove
		Add Remove
		= .
W. C. W. C.		
		 ,
		Add Remove
ling any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	
		FILED 08 JUL -3 PH 1: 5 SECRETARY OF STATE VALLAHASSEE, FLORIDA
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		ling any other information, enter change(s) here: (Attach additional sheets, if neces

Page 2 of 2

Filing Fee: \$25.00