## 168000094147

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| (Bu                     | siness Entity Nar | ne)         |
| (Document Number)       |                   |             |
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SECRETARY OF STATE

T. HAMPTON

NOV - 7 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Some Division of Control |   |  |   |
|---|---|--|---|
| SUBJECT:                                  | London's                                    | Birthday Cake  |   |
|   |   | ited Liability Company)  |   |
| The enclosed Articles of                  | Amendment and fee(s) are sub                | mitted for filing.   |   |
| Please return all correspondent           | ondence concerning this matter              | to the following:  |   |
|   |   | Yolonda M. callo   |   |
|   |   | (Name of Person)   |   |
|   |   | London's Birthday Cake   |   |
|   |   | (Firm/Company)   |   |
|   | 104   | 10 Biscayne Blvd. suite 3206                                       |   |
|   |   | (Address)  |   |
|   |   | Miami, Florida 33132   |   |
|   |   | (City/State and Zip Code)  |   |
| For further information of                | concerning this matter, please c            | all:   |   |
|   |   | at ( 786 ) 704-7133  |   |
| (Name                                     | of Person)                                  | (Area Code & Daytime T   | elephone Number)  |
| Enclosed is a check for t                 | he 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

08 NOV -6 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

October 21, 2008

YOLANDA M CALLO 1040 BISCAYNE BLVD STE 3206 MIAMI, FL 33132

SUBJECT: LONDON'S BIRTHDAY CAKE LLC

Ref. Number: L08000094147

We have received your document for LONDON'S BIRTHDAY CAKE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00054523

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

| SECRETARY OF STAT | 7008 NOV -6 P 12: | TIMED |
|-------------------|-------------------|-------|
| SET               | )<br>::           |       |

London's Birthday Cake

| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on ou<br>Liability Company) | ır recordis.) —                          |  |  |  |
|---|--|--|--|--|--|
| The Articles of Organization for this Limited Liability Company were filed on October 6, 2008 and assigned Florida document number L08000094147 |  |  |  |  |  |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab                                | oility company here:                             |  |  |  |  |
| The new name must be distinguishable and end with the words "Lim "L.L.C."   | ited Liability Company," th                      | e designation "LLC" or the abbreviatio   |  |  |  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | 1040 Biscayne Blvd. si                           | uite 3206                                |  |  |  |
|   | Miami, Florida 33132                             |  |  |  |  |
| Enter new mailing address, if applicable:   | 1040 Biscayne Blvd. si                           | uite 3206                                |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Miami, Florida 33132                             |  |  |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her                          |  | cords, <u>enter the name of the ne</u> v |  |  |  |
| Name of New Registered Agent:   |  |  |  |  |  |
| New Registered Office Address:  | (Enter Flo                                       | orida street address)                    |  |  |  |
|   | (Circl)  | , Florida(Zip Code)                      |  |  |  |
| Nam Davistand Assault Sissault if the sis Davistand Assault   | (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 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, <u>enter the title, name, and address of each Manage or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                          | Address Type of Actio                                     |
|--------------|--------------------------------------|---|
| Mr.          | Robert P. Pelletier MGR              | 1040 Biscayne Blyd. suiter 3206                           |
| Mr.          | Jean Jean Pelletier MGRM             | 164 NE 105 st. ☐ Add Miami Shores, Florida 33138 ☐ Remove |
| Ms.          | Charlotte Dunagan MGRM               | 164 NE 105 st.  Miami Shores, Florida 33138  Add Remove   |
|              |                                      | Add Remove  |
| -            |                                      | ☐ Add<br>☐ Remove   |
|              |                                      | Add Remove  |
| D. If a      | mending any other information, enter | change(s) here: (Attach additional sheets, if necessary.) |
|              | NAME SPELLED INCORRECT WHE           | N FILLED  |
|              | INCORRECT NAME: Yolondo Callo M      | MGR TALES   |
|              | CORRECT NAME: Yolonda M. Cailo I     | ASSEE   |
| Dated        |                                      | 2008  member or authorized representative of a member     |
|              |                                      | Yolonda M. Callo  |
|              |                                      | Typed or printed name of signee                           |

Page 2 of 2

Filing Fee: \$25.00