

LC8 000 117 307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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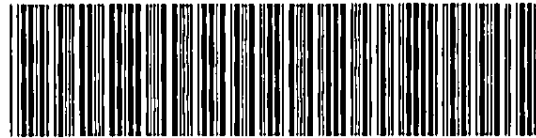
(Business Entity Name)

(Document Number)

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06/14/21 06:36
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CAKE SHOP OF SAN JOSE 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:

SUSAN G. GRANT
Name of Person

THE CAKE SHOP OF SAN JOSE LLC
Firm/Company

3911 HENDRICK AVE
Address

JACKSONVILLE FL 32207
City/State and Zip Code

09559ail@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN G. GRANT at (904) 978-5883
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

THE CAKE SHOP OF SAN JOSE LLC.

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

(A Florida Limited Liability Company)

12/29/2008

The Articles of Organization for this Limited Liability Company were filed on LD 8000117307 and assigned Florida document number LD 8000117307.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

3669 CAVANUGH DRIVE

JACKSONVILLE FL

32277

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3669 CAVANUGH DRIVE

JACKSONVILLE FL

32277

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:

New Registered Office Address:

3669 CAVANUGH DRIVE

Enter Florida street address

JACKSONVILLE

Florida

32277

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 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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing Addressee S

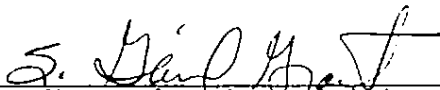
E. Effective date, if other than the date of filing: 06/07/2021 (optional)

(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 06/07/2021, 2021



Signature of a member or authorized representative of a member

SUSAN B. GRANT

Typed or printed name of signee