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TO MAY 20 PH 2: 35
SLORGI ART OF STATE
PALLAHASSEE OF LORIDA

S. HAWKES

MAY 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sexy Cupcakes LLC DBA Keys Cupcakes 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:						
Wendy Frisone Name of Person						
Meys Cup cakes Firm/Company						
1801 Eleuthera Point # D3						
Coconut Creek, FL 33066 City/State and Zip Code Wendy e Keys (v.o.cakes. com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (56) 4416439 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 S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Say		11110			
(Name of the Limited Vid	Ocanes	as it now appears on	our records		
(Name of the Limited List (A Flo	rida Limited Lia	bility Company)	our records.		
		.1	24 2004	圣经 2	
The Articles of Organization for this Limited Liabil	lity Company w	ere filed on	V 6 2009	and assigned	
Florida document number <u>LO9 000105</u>	5 465		·	蓝龙三	
100000000000000000000000000000000000000				SER I	
				別名。2	
This amendment is submitted to amend the following	ng:			F-15	
A. If amending name, enter the new name of the	e limited liabili	ty company here			
A. If antending hame, citter the new hame of the	t minteed materia	tr company nere,		0 m	
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	d Liability Company,"	the designation "LI	.C" or the abbreviation	
L.E.C.					
Enter new principal offices address, if applicable	e:	1801 Ele	uthera P	oint * D3 = L 33066	
(Principal office address MUST BE A STREET A	DDRESS)	(pronut	Creek F	L 33066	
		.,	1		
Enter new mailing address, if applicable:		<u>Sam</u>	1 95 960	<u>'V</u>	
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>				
B. If amending the registered agent and/or a	registered offi	re address on our i	records, enter th	e name of the new	
registered agent and/or the new registered office			ectores, <u>enter un</u>	o mante of the down	
Name of Name Bar ladared Assessed					
Name of New Registered Agent:				· - · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1801	Kleuthera F	oin+ *D3		
	1801 Eleuthera Point *D3 Enter Florida street address (010 NUT (reck, Florida 33066) City Zip Code				
	Cornell	x (coor	The of the	23011	
_	LOLOVIU	City	, Fiorida	7 JULIA 7in Code	
		City .		2.p Couc	

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 Changing Registered Agent, Signature of New Registered Agent

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 MGRM = Managing Member **Type of Action** <u>Address</u> **Title** Name Anthony Frisone ☐ Add Remove ☐ Add □ Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Signature of a member or authorized representative of a member Typed or printed hame of signee

Page 2 of 2

Filing Fee: \$25.00