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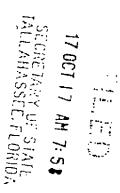
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PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	M.O. Desig	gns, LLC		
SUBJEC	T:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
Please ret	urn all correspo	endence concerning this matter Melanie Brocato	to the following:	
		 	Name of Person	
		M.O. Designs, LLC		
			Firm/Company	
		8211 Canopy Terrace		
			Address	
		Parkland, FL 33076		
			City/State and Zip Code	
		melaniebrocato@hotmail.co		
For furthe	r information co	e-mail address: (•	Code Innual report notification) 801-2894 Daytime Telephone Number Fee & \$60.00 Filing Fee, Certificate of Status &
Melanie F	Brocato		954 801-2894	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed :	is a check for th	e following amount:		
\$25.00	0 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

M. O. Designs, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	_
ne Articles of Organization for this Limited Liability Cor	mpany were filed on 02/10/2010	and assigned
orida document number L10000015608		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
esign My Cupcake, LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	223)	
		·
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe	red office address on our records, en	ter the name of the
egistered agent and/or the new registered office addre		17 EC
		200 AH
Name of New Registered Agent:		333
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		
	Enter Florida street address	1.51
	, Florida	<u> </u>
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			□ Change
	***		□ Add
			П Remove
			Change
			□ Remove
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			☐ Remove

_□ Change

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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Defective date.	ock does not meet	the applicable	late of filing or me e statutory filing	(op ore than 90 days aft g requirements, th	tional) er filing.) Pun nis date will	suant to 6 not be li	05.02 isted
record specifies a delayed ne 90th day after the rec		e, but not a	n effective ti	me, at 12:01	a.m. on t	the ear	lier
October, 2		017					
6	322						
	Signature of a mem						

Page 3 of 3

Filing Fee: \$25.00