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EXAMINER



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SICRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration S Division of Co	Section orporations				
SUBJE	CT:	Drear	n Cakes, LLC			
			ited Liability Company			
The end	closed Articles o	f Amendment and fee(s) are su	omitted for filing.			
Please i	return all corresp	condence concerning this matte	to the following:			
		Dreama Wegzyn				
			Name of Person			
			Dream Cakes, LLC			
			Firm/Company			
	19328 Sea Mist Lane					
			Address			
			Lutz, FI 33558			
			City/State and Zip Code			
		dre	amcakesfl@gmail.com to be used for future annual report notification)			
For furt	her information	concerning this matter, please				
	Dre	eama Wegzyn	at (727) 430-410	63		
		of Person	Area Code & Daytime Telephon	e Number		
		the following amount:				
\$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Dream Cakes, LLC				
(<u>Name o</u>	f the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for th	is Limited Liability Company were filed on	April 19, 2010	and assigned		
Florida document number	27-2497765				
This amendment is submitted to an	nend the following:				
A. If amending name, enter the	new name of the limited liability company he	ere:			
The new name must be distinguishabl "L.L.C."	e and end with the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation		
Enter new principal offices addre	ess, if applicable:				
(Principal office address MUST B	E A STREET ADDRESS)	-	~ -		
		3			
Enter new mailing address, if ap	plicable:	S O	En tunner		
(Mailing address MAY BE A POS	T OFFICE BOX)	L.1			
		7			
			:≧; မိ		
B. If amending the registered registered agent and/or the new r	agent and/or registered office address on egistered office address here:	our records, enter the	name of the new		
Name of New Registered	Agent:				
Navy Registered Office A	44				
New Registered Office At	ew Registered Office Address: Enter Florida street address				
	, Florida				
	City	, rwind	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jennifer Keller	19328 Sea Mist Lane Lutz, FL 33558	Add Remove
			□ n
			Add Remove
			- Damesus
			
	· · · · · · · · · · · · · · · · · · ·		CTD
D. If amen	nding any other information,	enter change(s) here: (Attach additional sheets, if neo	cessary.)
<u> </u>			
			·
Dated	December 28		
	Signature	of a member or authorized representative of a member	
		Dreama Wegzyn Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00