## L11000076197

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Adina's Cakery, 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:
Adina Serell, managing member
Adina's Cakery, LLC
9858 Glades Road, Suite#133
BOCA RATON FLORIDA 33434. City/State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
E-mail address: (to be used for future annual report hotification)  For further information concerning this matter, please call:  Adam Sevell managing memblat 561 870-6128  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$(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

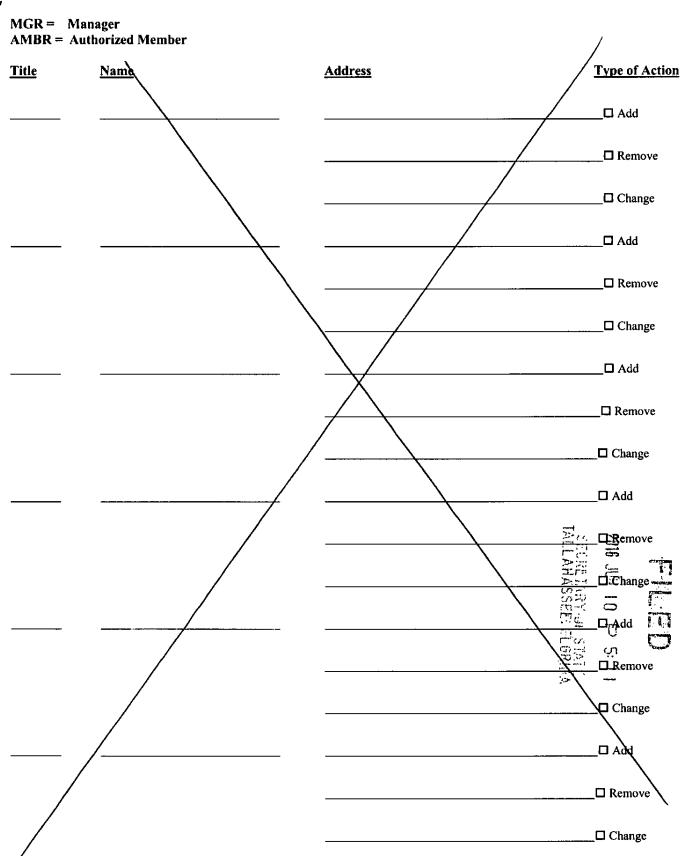
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adına's Cake	iry, LLC
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.)  orida Limited Liability Company)
	•
The Articles of Organization for this Limited Liabilit	y Company were filed on June 30, 2011 and assigned
Florida document number L1100007616	<del>7</del> 7.
†' 1	
This amendment is submitted to amend the following	•• •
A. If amending name, enter the new name of the l	limited liability company here:
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
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 AD	DRESS)
•	$\times$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the nev
registered agent and/or the new registered office a	
Name of New Registered Agent:	
N - P - 1 - 100 - 111 C	1990 SW 77 AVP # 有能量
New Registered Office Address:	Enter Florida street address
	Miami Florida 33157
<del></del>	City , Florida 35150 [:
New Registered Agent's Signature, if changing Regist	
New Registeren Agent & Signature, ii enanging Regist	ered Agence

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 Jamiliar 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:



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	Signature of a member of authorized range	esofigurae of a memori

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Filing Fee: \$25.00