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TO:	Registration Secti Division of Corpo		•	a
SUBJE	CT:	Cookies a	and Cakes LLC	
20202	<u> </u>	Name of Limit	ed Liability Company	
The end	closed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	٠,
Please 1	eturn all correspond	ence concerning this matter t	to the following:	
			Julian F. Montero	·
Name of Person				
Montero Wolkov LLP				
Firm/Company				
1441 Brickell Avenue, 15th Floor				
Address				
Miami, Florida 33131				
	City/State and Zip Code			
	jmontero@monterowolkov.com E-mail address: (to be used for future annual report notification)			
				cation)
For fur	ther information con	cerning this matter, please ca	ill:	
		F. Montero	αι (297-1878
	Name of P	erson	Area Code & Daytim	e Telephone Number
Enclose	ed is a check for the	following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Ÿ

TO:

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

FILED.

12 MAY 21 PM 2: 53

SECRETARY OF STATE
ALLAGASSEE, FLORING

COOKIES AND CAKES LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-28-2012 Florida document number <u>L12000043914</u>. 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

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 Address** Title <u>Name</u> MGRM Mauricio L. Wyler Please just add "R" to the last name ✓ Add Wyle it should be Wyler. Remove ☐ Add Remove Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member of authorized representative of a member Julian F. Montero Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00