## L1200052240

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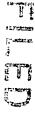


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SECTETAR / OF STATE TALLAHASSEE, FLORIDA

OCT 15 PH 3: 35



## **COVER LETTER**

	ation Section of Corporations	,	,	,
SUBJECT:	Cupcake	Boutige	ie by Prada LL ed Liability Company	. <u>C</u>
		Name of Limit	ed Liability Company	
The enclosed Ar	ticles of Amendment ar	d fee(s) are sub	mitted for filing.	
Please return all	correspondence concer	ning this matter	to the following:	
	F	Ingela	M. Prada-Moed Name of Person	12 OCT 15 PH 3: 35 TALLAHASSEE, FLORIDA
			Firm/Company	- Professional Control of the Contro
	810	39 SW	163 de AVC Address	CARLET SS
	Miau	i F	City/State and Zip Code  Grand Common	
	anas	Sprada 6	amail.com	
	311.3	E-mail address: (to	o be used for future annual report notification	on)
For further infor	nation concerning this	matter, please ca	all:	
Angelo	M. Prada-	moed	at (305) 495-972 Area Code & Daytime Te	enhone Number
	Traine of 1 erson		and code at Daytine 10	epitone Number
	eck for the following an	nount:		
□\$25.00 Filing		ling Fee & ate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cupcake Boutique by (Name of the Limited Liability Compa (A Florida Limited L	Prada LLC	10 7 10 10 10 10 10 10 10 10 10 10 10 10 10			
(A Florida Limited L	Liability Company)	us.			
The Articles of Organization for this Limited Liability Company	1	20 A 10 " 65"			
Florida document number <u>L12000052240</u>		ه جن المنظمة ا المنظمة المنظمة			
This amendment is submitted to amend the following:		ARICK			
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi "L.L.C."					
Enter new principal offices address, if applicable:	\$530 SW #101	124 th AVE			
(Principal office address MUST BE A STREET ADDRESS)	#101				
	MIAMT, FL.	33183			
Enter new mailing address, if applicable:	8530 SW 1	24 th NE			
(Mailing address MAY BE A POST OFFICE BOX)	# 101	2 / / 00			
		33183			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, e	enter the name of the new			
registered agent and/or the new registered office address ner	<u>e</u> :				
Name of New Registered Agent: Angela	M. Prada-Moed SW 163rd AVE				
New Registered Office Address: 8169	SW 163 TH AVE				
Enter Florida street address					
Miami	, Flori	ida 33193			
	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 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

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If amendin	g any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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ed		<u> </u>	
	/s/ ANGELA M. PRADA-MOF Signature of a member	D or authorized representative of a member	·

Page 2 of 2

Filing Fee: \$25.00