

U17000 107475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

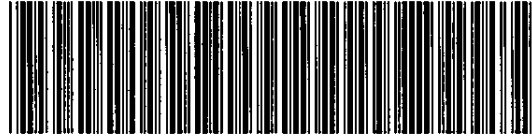
(Business Entity Name)

(Document Number)

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15 MAR 17 AM 11:23

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Marra Chinn Allen  
Sweet Earth Cakes  
201 NW 7<sup>TH</sup> St. #407  
Miami, FL 33136

March 11, 2015

To Whom It May Concern:

This correspondence serves as the cover letter to my request to amend my limited liability company name from Sweet Earth Cakes to the new name: Sweet Sundays Baking Co. LLC.

If you have any questions, please contact me at 786-351-4188.

Thank you,  
Marra Chinn Allen

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Sweet Earth 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 July 22, 2013 and assigned  
Florida document number L13000103439.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sweet Sundays Baking Co. LLC

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:

201 NW 7TH ST #407

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33136

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*

Florida

*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**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sweet Earth Cakes 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:

Marra Chinn Allen

Name of Person

~~Sweet Earth Cakes LLC~~ Sweet Sundays Baking Co. LLC

Firm/Company

201 NW 7TH ST #407

Address

MIAMI, FL 33136

City/State and Zip Code

marra@sweetsundaysbaking.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marra Chinn Allen

at ( 786 )

351-4188

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marra Chinn Allen	201 NW 7th St. #407, Miami, FL 33136	<input checked="" type="checkbox"/> Add
		(Please update former name to the above)	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 2, 2015

Marra Chinn Allen

Signature of a member or authorized representative of a member

Marra Chinn Allen

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00



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