L14000067290

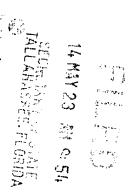
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Uchi	s Cakes LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Enrique Mar	quez Paris	
		Name of Person	
		Firm/Company	
	6651 Frankl	in Ave Apt #20	6
		Address	
	Hollywood, (CA 90028	
		City/State and Zip Code	
		reenlightmm.com	1.4. and a square a squa
For further information	r-mail address: (concerning this matter, please c	to be used for future annual report no all:	offication)
Carlos E R		_{at (} 407 ₎ 3419	956
	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		s Cakes LLC		
	(<u>Name of the Limited Liability</u> (A Florida L	C <mark>ompany as it now appe</mark> mited Liability Company	ars on our records.)	
The Art	ticles of Organization for this Limited Liability Condocument number L14000067290	npany were filed on	04/24/2014	and assigned
This am	nendment is submitted to amend the following:			
A. If ai	mending name, <u>enter the new name of the limite</u>	d liability company	<u>here</u> :	
he new	name must be distinguishable and end with the words "Limit	ed Liability Company," tl	ne designation "LLC" o	r the abbreviation "L.L.C."
Enter n	new principal offices address, if applicable:			
Princi _l	<u>ipal office address MUST BE A STREET ADDRE</u>	<u> </u>		
Enter n	new mailing address, if applicable:			
<u>(Mailin</u>	ng address MAY BE A POST OFFICE BOX)			
B. If	amending the registered agent and/or registered agent and/or redistered agent and/or the new registered office address		on our records, <u>e</u>	nter the name of the
3. If :	amending the registered agent and/or register		on our records, <u>e</u>	G TALLAN THE
B. If :	amending the registered agent and/or registered agent and/or the new registered office address	ss here:		nter the name of the
B. If :	amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	on our records, <u>e</u> lorida street address _, Florid	14 MAY 23 SM SECRETARIASSIE, FI

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

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>	Address	Type of Action
MGR	Enrique Marquez Paris	6651 Franklin Ave Apt #206 Hollywood,CA 9002	:8 ■ Add
			C Remove
MGR	Fernando Marquez Paris	QTA IDA , 9A TRANSV. LOS PALOS GRANDES , CHACAO ,	
		Edo. Miranda CARACAS 1060 Venezuel	la □ Remove
			Add
			🗆 Remove
		ALLAHAS ALLAHAS	Remove
		12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Add
		DAIDA	Remove
			_
<u></u>			_□ Add
			_□ Remove

ffective date must b	her than the date of filing:(option be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after stilled by the Florida Department of State)
ffective date must bate this document is	her than the date of filing:
effective date must b	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after stilled by the Florida Department of State)

Page 3 of 3

14 MAY 23 RM 9: 54
SEURCHARY OF STATE
TALLAHASSEE, FLORIDA