

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.
 Account Number : I20000000082
 Phone : (305)871-0889
 Fax Number : (305)870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAD PAD CAKE, LLC

Certificate of Status	1
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ENVELOPE



July 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES

SUBJECT: PAD PAD CAKE, LLC
REF: L15000009999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Page (3) of the Amendment form is not legible. The page is too dark.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H15000183890
Letter Number: 515A00015982

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

PAD PAD CAKE, 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 01/16/2015 and assigned Florida document number L15000009999.

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 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 ADDRESS)

8255 LAKE DR APT 204

DORAL FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8255 LAKE DR APT 204

DORAL FL 33166

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:

Winter 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	JESSICA ESPINOZA	11401 NW 89TH STREET	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONIETTA BALBAS	8255 LAKE DR APT 204	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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