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(Requestor's Name)
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TO:

Registration Section

Div	ision of Cor	porations			
CHD HECT.	Cake Wynw	rood LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Javier Ramirez			
			Name of Person		
		Cake Wynwood LLC			
			Firm/Company		
		180 NW 29 Street			
			Address		
		Miami FL 33127			
			City/State and Zip Code		
		javier@cakethai.com			
		E-mail address: (to be used for future annual report notit	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Javier Ramirez		305 7987856 at ()			
	Name o	f Person		: Telephone Number	
Enclosed is a	ı check for th	ne following amount:			
■ \$25.00 F	iling Fee	S30.00 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/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cake Wynwood LLC

(Name of the Limite	ed Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our re</mark> Liability Company)	cords.)	Ī
Florida document number L15000110130	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "	•	L.L.C."
Enter new principal offices address, if application	180 NW 29 Street	Archie .	東丁	
(Principal office address MUST BE A STREE	submitted to amend the following: Inc. enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbregiation "LLC." all offices address, if applicable: Inc. May 29 Street Miami FL 33127 Inc. May BE A POST OFFICE BOX) Address, if applicable: Inc. May BE A POST OFFICE BOX Miami FL 33127 Inc. Miami FL 3			
				10
				1 · ·
Enter new mailing address, if applicable:		180 NW 29 Street		1.5
(Mailing address MAY BE A POST OFFICE I	BOX)	Miami FL 33127		1
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	fice address her	<u>e</u> :	ords, <u>enter the nan</u>	ne of the new
New Professor Office Add	180 NW 29 Str	ret		
New Registered Office Address:			ldress	-}
	Miami		, Florida <u>33127</u>	
		City	Zip Co	de
-		•		
provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete Stered agent as p egistered office	performance of my duties provided for in Chapter 6	s, and I am familiar 05, F.S. Or, if this de	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

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 = . M AMBR = A	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
MNGR	Cake's Thai Kitchen Inc	694 NE 76 Street Apt 7				
		Miami FL 33138	■ Remove			
			Change			
			Add			
			□ Remove			
			Change			
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lf an ei <u>Note:</u>	ive date, if other than the date of filing: [coptional] [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	irsuant to 605. I not be liste	0207 :d as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlie	er of
Dated	October, 26 2017		
		· 	
	Signature of a member or authorized representative of a member		
	Javier Ramirez	1	

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Filing Fee: \$25.00