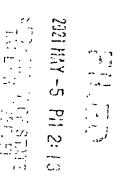
L15000206674

(Req	juestor's Name)	
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05/05/21--01008--016 **30.00



COVER LETTER

TO: Registration Se Division of Cor		,	•
	a's Sweets LLC	•	·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah Watts		
		Name of Person	
	Sugar Mama's Sweets LLC		2221 HAY
		Firm/Company	
	605 NW 103rd TER		
		Address	7
	Gainesville FL 32607		i i i i i i i i i i i i i i i i i i i
		City/State and Zip Code	<u> </u>
	Cakesbysugarmamassweets		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Sarah Watts		352 999-8910	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	rction
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Гallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Mama's Sweets LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number £15000206674	were filed on 5/2/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
WATTS CAKE DESIGN LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation, "L.L.C."	
Enter new principal offices address, if applicable: 605 NW 103RD TERRACE, GAINESVILLE			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:	111 SE 1ST ST# 120-01	12	
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE FL 32601-6820	5 5	
B. If amending the registered agent and/or registered office a	address on our records, enter the	e 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		
		da Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	гар Стис	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document 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 = Manager AMBR = Authorized Member Title Address **Type of Action** Name _____ Change _ □Remove Change ب DAdd <u>ت</u> ⊵∖□Remove _____ Remove _____ □Change ☐ Change

					
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ective date, if other than the date on effective date is listed, the date must be spec	of filing:	o date of filing or	more than 90 days	optional)	majort to 605 020
te: If the date inserted in this block doe	es not meet the applical	ble statutory fili	ng requirement	s, this date wil	I not be listed a
rument's effective date on the Departme	ent of State's records.				
cord specifies a delayed effective date, b	but not an effective tin	ne, at 12:01 a.m	on the earlier	of: (b) The 90	Oth day after the
s filed.					
	2021				
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Filing Fee: \$25.00