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DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:

Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: 100	- (	es, LLC	<del></del>
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Angela Pa	IGE Schalfer Name of Person	-
	Preppy Ber	JCh Bakery, L	LC
	218 East Gi	ranada Blvd.	
	Ormand Blace Prepipy blace Filmail hiddress: (1)	City/State and Zip Code  City/State and Zip Code  Ch by Kery C quarter of the control of the con	Mail Com
For further information co	oncerning this matter, please ca	ıll:	
Angela Sch	Person	at ( <u>386)</u> <u>299 - 1</u> Area Code Daytime	938 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fcc	□ \$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)

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

TooCuteCookies	SILLC STORM
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1/4/2016 and assigned
A. If amending name, enter the new name of the limited liabi	
Preppy Beach Bakery, LLC The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	218 East Granada Blvd. Ormand Beach, FL 32176
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	218 East Granacka Blvd. Ormand Beach, FL 32176
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: 218 Eas	st Granada Blvd. Enter Florida street address
Ormand	Beach Florida 32176  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

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 Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change □ Add 17 REJUL 2 ge PH 1: ☐ Remove \_□ Change \_D Add \_□ Remove \_□ Change \_□ Add \_□ Remove \_ Change

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	date must be specifi in this block does i	c and cannot be pri not meet the appl	or to date of filing or icable statutory fil		onal) r filing.) Pursuant to 605.020 s date will not be listed a
e record specifies a c The 90th day after t			not an effective	time, at 12:01	a.m. on the earlier o
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Filing Fee: \$25.00