(Re	questor's Name)	
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February 1, 2016

Melanie Solone Delish! Baked Goods 5120 89th Terrace Pinellas Park, FL 33782

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

I, the owner of Delish! Baked Goods, LLC, would like to change the name of my business to Tampa Bay Wellness Consultants, LLC.

Thank you,

Melanie Solone Owner, Delish! Baked Goods 727-631-8596

COVER LETTER

TO: Registration S Division of Co		
	BAKED GOODS	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Melanie A Solone	
	Name of Person	
	Delish! Baked Goods	
	Firm/Company	
	5120 89th Terrace	
	Address	
	Pinellas Park, FL 33782	
	City/State and Zip Code	
	masolone@gmail.com E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Melanie A Solone	727 631-8596 at ()	
Name	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &

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

DELISH! BAKED GOODS			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number L16000002444	npany were filed on Janu	ary 4, 2016 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
Tampa Bay Wellness Consultants, LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:		_	
(Mailing address MAY BE A POST OFFICE BOX)			me of the new
			<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
<u> </u>		, Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered A	<u>Agent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of n nt as provided for in Cl office address, I hereby	ny duties, and I am familiar napter 605, F.S. Or, if this a	with and locument is ability
		To Por	

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			🗀 Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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(If an effect Note: I document	re date, if other than the ctive date is listed, the date in f the date inserted in this lint's effective date on the lipton of specifies a delayer of the day after the respective date the respective date.	ust be specific and block does not a Department of S	d cannot be prior to d neet the applicable State's records. date, but not a	ate of filing or more statutory filing re	than 90 days at equirements, t	his date will no	ot be listed a
Dated _	anuary 30		2016				
_ = =====	<u></u>	///				201	
		Signature of a	member or authorize	ed representative of	a member	2016 FEB	
	Melanie A Solone					35年上	
			Typed or printed na	ame of signee		THE D	_m
						F STATE	
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Filing Fee: \$25.00