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(Re	questor's Name)	
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## **COVER LETTER**

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**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUSANA (	CAKES MIAMI, LLC				
SUBJECT:	Name of Lim	ited Liability Company	·····		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
, ·	THAMARA PEREZ	•			
		Name of Person	·	·	_ Z8
	TABADESA ASSOCIATI	ES			6 PA
		Firm/Company			16 APR 25
	419 W 49 ST, STE 111	,,,,			PR 25 PM 4: 04
		Address		<del></del>	F. 03
	HIALEAH, FL 33012				94 Bis
	<del></del>	City/State and Zip Cod	e .		
	TAMMYP@TABADESA.				
		to be used for future annua	al report notification	n)	
For further information c	oncerning this matter, please co	all:			
THAMARA PEREZ		305 at ( )	558 - 0622		
Name o	of Person	Area Code	Daytime Tele	phone Number	_
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing For Certificate of Strate Copy (additional copy is	Status &
Registr	ING ADDRESS:	Registr	ET/COURIER A		
	on of Corporations ox 6327		n of Corporation Building	S	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUSANA CAKES MIAMI LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 03/22/2016	and assigned
Florida document number L16000058283	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	10 TEC
		<b>中</b> 全面
		25
Enter new mailing address, if applicable:		2 mg/c
(Mailing address MAY BE A POST OFFICE BOX)		# 055
		2 高端
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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>	Address	Type of Action
MGR	ALFREDO DAMBAKLI	15070 SW 116 ST	
		MIAMI, FL. 33196	■ Remove
			Change
	-		Add
			Remove
			Change TALL AHA
			25 SSE
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ctive date, if other the effective date is listed, the e: If the date inserted is ument's effective date of	date must be specific a n this block does no	and cannot be t meet the ap	plicable statut	ling or more than ory filing requir	(optional) 0 days after filing. ements, this date	) Pursuant to 605.
record specifies a c he 90th day after t	delayed effective the record is file	e date, but d.	: not an effe	ctive time, a	t 12:01 a.m.	on the earlie
APRIL 19		2016	<del></del>			
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Filing Fee: \$25.00