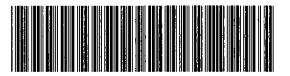
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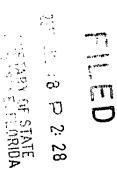
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COVER LETTER

Division of Corporations KREATIVE KONFECTIONS SOUTHERN STYLE DESSERTS FROM SCRATCH LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Krishna Brockington Name of Person KREATIVE KONFECTIONS SOUTHERN STYLE DESSERTS FROM SCRA Firm/Company 10668 MEADOWLEA DR Address Jacksonville/Florida 32218 City/State and Zip Code KEYSHAUNA@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Krishna Brockington Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

KREATIVE KONFECTIONS SOUTHERN STYLE DESSERTS FROM SCRATCH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/17/2016}{1}$ and assigned Florida document number L16000117833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) U Ś Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Krishna Brockington	10688 Meadowlea Dr Jacksonville FL 3>>18	= Add
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			☐ Change
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Note: If the date inserted	e date must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3 ory filing requirements, this date will not be listed as the
the record specifies a) The 90th day after		ctive time, at 12:01 a.m. on the earlier of:
Dated July 1st	2016	The second secon
Tub!	ma Brollewal	60 m
	Signature of a member or authorized reples	c_{σ}
Krishna Brock	ington	7ATE ORID

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00