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AUG 1 6 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	74.	· ·
SUBJE	CUP CAKE HEAD LLC		
		me of Limited Liability Company	
The end	losed Articles of Amendment and fee(s) are submitted for filing.	· .
Please 1	eturn all correspondence concerning the	nis matter to the following:	
	JORDAN MILLI	3R	
		Name of Person	
	cupc	ake Head LLC	
	•	Firm/Company	
	6775 NEWPORT	CLAKE CIRCLE	3
		Address	
	BOCA RATON,	FL 33496	ت ابت ت ابت
		City/State and Zip Code	
	yogitoes123@gma		Em ?
	E-mai	address: (to be used for future annual report notif	fication)
For furt	her information concerning this matter	, please call:	•
	Julie Ko	561 577-2619 at ()	
	Name of Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}		ee & \$\sum \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		•	
	MAILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUP CAKE HEAD LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (Florida document number L16000128553	Company were filed on 07/07/2016	and assigned
Florida document adnibei	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· 产品
(Principal office address MUST BE A STREET ADD	RESS)	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		P. For
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regi	stared office address on our recor	ds anter the name of the new
registered agent and/or the new registered office add		ds, there are name of the new
	`	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	,]	Florida
	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 **Title** Name **Address Type of Action** JULIE KOGAN MGR 6775 Newport Lake Cir, ■ Add Boca Raton, FL 33496 ☐ Remove ☐ Change □ Add □ Remove _□ Ĉĥange □ Ą₫ą _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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50	(3,11
Effective date, if other than the date of filing:	07 (3)(b) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated Aug 9, 2014.	
Signature of a member or authorized representative of a member	
JORDAN MILLER Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00