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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	PETIT COFFE &	& BAKERY, LLC	
5030	<u></u>	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		1	EAN P PETIT BRAVO	
			Name of Person	
		PETIT	COFFE & BAKERY, LLC	
			Firm/Company	
		314	410 SHAKER CIR	
			Address	
		WES	SLEY CHAPEL, FL 33543	
			City/State and Zip Code	<u> </u>
			SERVICES-INC@HOTMAIL.COM	
		E-mail address: (t	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
J	EAN P PETIT BRA	VO	813 597-5095 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$ 2	25.00 Filing Fee	☐ \$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)

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

PETIT COFFE & BAKI	,		
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited I	Liability Company	were filed on 01/20/2017	and assigned
orida document number L17000015917	·		
is amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
TIT CAKE FACTORY, LLC			
new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if appli	icable:	13713 N DALE MABRY HWY	
incipal office address MUST BE A STRE	ET ADDRESS)	TAMPA, FL 33618	
ter new mailing address, if applicable:		N/A	
ailing address MAY BE A POST OFFICE	E BOX)		
If amending the registered agent and istered agent and/or the new registered		· ·	nter the name of the
Name of New Registered Agent:	N/A		- 3
New Registered Office Address:	N/A		\$27
-		Enter Florida street address	
	N/A	, Floric	
		City	Zin 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		
	h/v	NIA			
			Remove		
			Change		
			Add		
			Remove		
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09/01/2017	-	-41IV	
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of fili	ing or more than 90 days a	otional) fter filing.) Pursi	uant to 6
If the date inserted in this block does not meet the applicable statutoment's effective date on the Department of State's records.	ry filing requirements, t	this date will n	ot be li
tent's effective date on the Department of State's records.			
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cord specifies a delayed effective date, but not an effece 90th day after the record is filed.	.uve time, at 12:0.	L a.III. OII U	ie eai
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JENN P. PEN	T DRAYO		
JEW P. Penis	entative of a member		

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Filing Fee: \$25.00