# 117000095540

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## **COVER LETTER**

	istration Sec ision of Corp					
aun man	Pure Imagina	ation Cupcakes, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Natalie Stesen				
		<del></del>	Name of Person	<del></del> _	-	
		Pure Imagination Cupcake	s, LLC			
			Firm/Company			
		3008 Partridge Point Trl				
		<del></del>	Address	<del></del>	-	
		Valrico, FL 33596				
		sernatalie@gmail.com	City/State and Zip Code		2016 OCT	1535A
		E-mail address: (	to be used for future annual report notifica	tion)	0C1	
For further in	nformation co	neerning this matter, please ca	alt:		2 2 No	
Natalic Stese	en		813 347-7953		72 PX	
	Name of	Person		elephone Number		ř.,
Enclosed is a	check for the	e following amount:				
<b>⊠</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

'TO:

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 AMERICAL

# TO ARTICLES OF ORGANIZATION OF

Pure Imagination Cupcakes, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Leability Company)	records.)
he Articles of Organization for this Limited Liability Compan	y were filed on 05/01/2017	and assigned
lorida document number L17000095540		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ookies for a Cause, ELC		
ne new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		= = <del>- 1</del>
Principal office address MUST BE A STREET ADDRESS)		No. To
		P II
nter new mailing address, if applicable:		ر بي آيا رين <b>ي آي</b> ا
Mailing address MAY BE A POST OFFICE BOX)		S
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	u address
	Enter Frontau sireC	
	230	, Florida Zip Code
	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 worzer removed from our records:

MGR = Manager
AMBR = Authorized Member

Type of Action

IGR = Man MBR = Aut	ager horized Member		Type of Action
<u> Fitle</u>	Name	Address	Add
			Remove
	R = Manager BR = Authorized Member  E Name		☐ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
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			Add  Remove  SST 20 Ghange
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fective date, if other than the date of filing:	(antional)	
on effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 60 ng requirements, this date will not be lis	)5.020 sted a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earl	lier (
nted		
AA-12-11 V		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00