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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	СТ:	FRENCH C	TAKE LLC ted Liability Company		
The enc	losed Articles of .	Amendment and fee(s) are sub	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		MOUN	A BELMEHD Name of Person	<u> </u>	
		FRE	ENCH CAKE LU Firm/Company	_C	
		1835	SE HALLANDA Address Su	ILE BEACH	Blud
		<u>HALLA</u>	JDALE BEACH City/State and Zip Code Yourcakeoro o be used for future annual report notifi	33009 br@hotmail	. CEM
		E-mail address: (t	o be used for future annual report notifi	cation)	
For furt	her information co	oncerning this matter, please ca	U:		55 35
			at (<u>786</u>) <u>473</u> Area Code Daytime	7545 Telephone Number	THE RICK LT ALM BY MY
		e following amount:			
□ \$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 enclo	

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**

FRENCH CAKE LLC

·	ES OF AMENDMENT TO S OF ORGANIZATION OF	85
FRENCH C	AKE LLC	2 SE
(<u>Name of the Limited Liahil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	क्र)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MONIQUATION The new name must be distinguishable and contain the words "Lin	E'S BUSINESSES	LLC
	nned Liaounty Company, the designation "Li.	ec or the appreviation "L.E.C."
Enter new principal offices address, if applicable:	h.P.C.C.	
(Principal office address MUST BE A STREET ADD)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E. C.	
	Enter Florida street addr	<i>255</i>
		lorida Zip Code
New Registered Agent's Signature, if changing Registere	·	•

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>	<u>A</u>	address	Type of Action
CE0	MouniA	<u>BELMEHDI</u>	1835 E.HALLANDALE	🗆 Add
		_	BEACH BLVD SUITE	281 □ Remove
		_	HALLANDALE BEACI	H 33009
				Add
		_	·	□ Remove
		_		□ Change
				🗆 Add
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(If an effe <u>Note:</u> 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	November 5 th 2018. Believed to Signature of a member or authorized representative of a member
	MOUNIA BELMEHDI

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00