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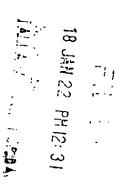
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COVER LETTER

Divisi	ion of Corpo	orations		
SUBJECT:	Pelish and N	utrish LLC		
		Name of Lim	nited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return al	Il correspond	dence concerning this matter	to the following:	
		Shelley Jaffe		
			Name of Person	
			Firm/Company	-
		1357 Admiral Woodson La	ane	
			Address	
		Clearwater, FL 33755		
			City/State and Zip Code	<u> </u>
		shelley@shelleyjaffe.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	rmation con-	cerning this matter, please ea	all:	
Shelley Jaffe			727 641-4285 at ()	Telephone Number
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filir	ng Fee	S30.00 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

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delish and Nutrish, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/28/2017	and assigned
Florida document number L17000161262		
This amendment is submitted to amend the following:		63
A. If amending name, enter the new name of the limited liab	ility company here:	2 元
The Scone Age Bakery and Cafe LLC		47.44 O)
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation:"L.L.C."
Enter new principal offices address, if applicable:	33 N. Garden Avenue	• •
(Principal office address MUST BE A STREET ADDRESS)	Suite 140	
	Clearwater, FL 33755	
Enter new mailing address, if applicable:	c/o Shelley Jaffe	
(Mailing address MAY BE A POST OFFICE BOX)	1357 Admiral Woodson Lane	
	Clearwater, FL 33755	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	
	Cuy	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 adde or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be prior	(optional)	05 076
te: If the date inserted in this block does not meet the application of State's records	cable statutory filing requirements, this date will not be lis	sted a
anish we receive date on the Department of State 3 records	•	
record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the ear	lier (
he 90th day after the record is filed.	,	
January 18 2018		
red Sandary 10		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00