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COVER LETTER

Division of Co			
SUBJECT:	Sugar Str	rect Bakery ited Liability Company	, UC.
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jenn	fer Connors	
	Cottou	Name of Person Name of Person Person Pirm/Company	2021 AU SEORI TALI
		J Firm/Company	
	<u>43 T</u>	Pala Rd. Address	2021 AUG -4 PM 2: 10 SECRETA TOPE STATE STALL TOPE STATE TALL TOPE STATE TO TO TOPE STATE TO T
•	<u>C(a)</u>	City/State and Zin Code	72 严 5
	C'CHTCL(10 Cl	City/State and Zip Code OOKICO 10 to be used for future annual report notifi	acation)
For further information of	concerning this matter, please co	all:	
)0 nn Name o	IFCY CONNEVS	at (352) 321 · Area Code Daytime	-2117 Telephone Number
Enclosed is'a check for t	he 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 enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	27	The Centre of Ta	ıllahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Street F	Bakery, L	<u> </u>	· · · ·
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appeafs'on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\8000136340</u> .	were filed on(a \)	12018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	0. LLC.	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	Same		20
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	21 NUG
Enter new mailing address, if applicable:	(ame		- F
(Mailing address MAY BE A POST OFFICE BOX)		, ι _ν	<u>"</u>
(Mulling address MAT DE AT 1 001 01 TECH BOTH			0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: Same	address on our records,	enter the name	of the new registered
New Registered Office Address:	Enter Florida stree	t addraw	
	v.mer v iorida stree		
	City	, Florida	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 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
	not amending		□Add
	J		□ Remove
			□ Change
		· 	□ Add
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(If an effect Note: If	tive date, if other than the date of filing: (optional) (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the state of the Department of State's records.
the record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	June 18t . 3031.
	\mathcal{L}
	Signature of a member or authorized representative of a member (C) (C) (C) (C) (C) (C) (C) (C

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