Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Addount Name : WILSON TAX & ACCOUNTING INC.

Addount Number: 120150000107 Phone: (941)625-1925 Fax Number: (941)625-1526

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZOE'S CAFE AND SWEETERY LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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JULI-1210 2018

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoe's Cafe and Sweetery LLC (Name of the Umited Liability (A Florida)	Company as it now appulanted Liability Company	thrs on our records.)		_	
The Articles of Organization for this Limited Liability Co Florida document number	empany were filed on _	July 13, 2018	and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	here:			
Zoe's Sweet Kitchen LLC					
the new name must be distinguishable and contain the words "Limit	ed Liability Company," th	e designation "LLC" or the a	bhreviation	"L.L.C."	_
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESSI				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ered office address ess here:	on our records, <u>ente</u> s	the name	ne of th	<u></u>
				=	
Name of New Registered Agent:			r		
New Registered Office Address:				<u></u>	
	Enter 1	Florida street address	¥.1°	\hookrightarrow	_
		, Florida _		33-	- 1
	City		-2φ C -3- -2 3-	ode	(
New Registered Agent's Signature, if changing Registered	Agent:		<u>v</u> _	<u></u>	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance yent as provided for i	of my duties, and Lum n Chapter 605, F.S. O	familiar r. if this c	with an locumen	d

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
	-	4-7-	_ □ Add
			□ Remove
			DAdd
			☐ Remove
			D Change
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			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ofter filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the 90th day after the record is filed. Dated July 18, 2018 Signature a member or authorized representative of a member	ate, if other than the date of filing:		ng any other information, enter change(s) here: (Attach add	
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Signature a member or nuthorized representative of a member	Zoe Shasteen	Dated	July 18, 2018 /m/7-1	
Signature of a member of authorized representative of a member	Zoe Shasteen	Dated	A Draw	
	Zoe Shasteen		Signature a member or authorized represent	fative of a member

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