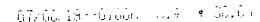
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JUL 18 2019 I ALBRITTON

COVER LETTER

TO:

TO: Registration So Division of Cor			
/ Cates	T ROOM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHARON MCCULLOUG	н	
		Name of Person	
		Firm/Company	
	3022 BOATING BLVD		
		Address	
	KISSIMMEE, FL 34746		
	MCCULLOUGHSHARON	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of	all:	
SHARON MCCULLOU	JGH	407 288-7182	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASK THE T ROOM, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Organization for this Liability Organization f	Company were filed on 1/30/2019	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:	
ALL SHE KNEADS, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	he abbreviation #44.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
		72
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		20
3. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · ·
		1
	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 added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		- 10-0	□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			D Add
			Remove
			Change
		 	🗅 Remove
			Change
			□ Add
			☐ Remove
			Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f the record 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 record is filed.
Dated 7-1-1C3 7 7
SHARON MCCULLOUGH Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00