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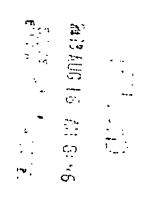
(Re	questor's Name)	
(Add	dress)	
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## **COVER LETTER**

то:		ion Section of Corporations	
		r Bliss Cakes N More	
SUBJE	CI:	Name of Limited Liability Company	
		les of Amendment and fee(s) are submitted for filing.	
Please re	eturn all cor	prespondence concerning this matter to the following:	
		Lakita Barnes	
		Name of Person	
		Sugar Bliss Cakes N More	
		Firm/Company	
		2227 Raleigh Street	
		Address	
		Hollywood, FL 33020	
		City/State and Zip Code	
		blissfullysweets19@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furt	her informat	ation concerning this matter, please call:	
Lakita l	Barnes	754 235-8439 at ()	
	N	Same of Person Area Code Daytime Telephone Number	
Enclose	d is a check	k for the following amount:	
□ \$25	.00 Filing F	Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & D \$55.00 \text{ Filing Fee & D \$60.00 \text{ Filing Fee & Certificate of Status}} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)} \text{Certified Co (additional copy is enclosed)}	of Status & opy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sugar Bliss Cakes N More					
( <u>Name of the Limited Liability</u> (λ Florida	Company as it now appears on ou Limited Liability Company)	<u>r records.</u> )			
The Articles of Organization for this Limited Liability Co Florida document number 1.19000038005	ompany were filed on $\frac{2/6/2019}{2}$		aı	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
Kita Kakes L.L.C.					
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designati	on "LLC" or the	abbreviati	on "L.L.(	<u>.</u>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_	
	<del></del>	_	153	<u> </u>	
B. If amending the registered agent and/or regist	ered office address on our	records, ente	r the n	ame of	thể nev
registered agent and/or the new registered office addr	ess here:	,	-	91	
			•	<u> </u>	•
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:			) · · ·	£	
	Enter Florida stre	et address	-,-	<del>- 01</del>	
		, Florida _			
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tykeria Joyce	2227 Raleigh Street Hollywood, FL 33020	⊟ Add
			☐ Remove
		<del></del>	
			Add
			□ Remove
			Change
			☐ Remove
			Change
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		<del></del>	Change
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(If an effective date is listed, the Note: If the date inserted	than the date of filing:
the record specifies a ) The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated	2019
	Signature of a member or authorized representative of a member
Lakita Barnes	
<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00