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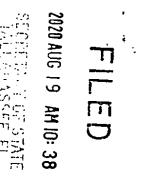
·	(Requestor's Name)	
	(Address)	
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PICK-UF	WAIT	MAIL
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	(Document Number)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
Special Instructions	to Filing Officer:	

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COVER LETTER

TO:

Registration Section

Division of Cor	perations		
SUBJECT: Small	Cakes Kissimn	ree L.L.C. ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Paul	C. Warbel Name of Person	
	<u>Smallcakes</u>	Kissimmee L.L	C
	3251 Rolli	ng Oaks Blue	1
	Kissimm	ee Fl. 3474 City/State and Zip Code	7
	SMallcakes:	KISSIMMEED Y	hoo, com
For further information ed	oncerning this matter, please ca	all:	
Paul C. 1 Name of	<u>leibel</u>	at (<u>407</u>) <u>507 –</u> Area Code Daytin	be Telephone Number
Enclosed is a check for th	e 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)
Mailing Address Registration S Division of C P.O. Box 632	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Malcakes Kissi (Name of the Limited Liability Comp (A Florida Limited	MMee (Company) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
The Articles of Organization for this Limited Liability Compan Florida document number <u>L\9000\366</u> 3 This amendment is submitted to amend the following:	y were filed on 425/2019 and signed and sign
A. If amending name, enter the new name of the limited lia Color Color	LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3251 Rolling Oaks Blud. Kissimmee, Fl. 34747
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Ĉity 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>	Name	Address	Type of Action
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			Remove
		 	Change
			□Add
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Filing Fee: \$25.00