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	(Reque	estor's Name	e)	
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PICK-UF	-	☐ WAIT		MAIL
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Certified Copies		Certificat	tes of S	tatus
Special Instructions	to Fili	ng Officer:		
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COVER LETTER

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TO:	Registra Division				
erin irz		ity Cakes			
SUBJEC	JI:	 	Name of Lim	ited Liability Company	
The encl	osed Artic	cles of A	mendment and fee(s) are sub	mitted for filing	
			lence concerning this matter	_	
			Sylvia Fitzgerald		
				Name of Person	
			Dainty Cakes		
				Firm/Company	
			1747 Fiddlers Ridge Drive		
				Address	<u> </u>
			Fleming Island, FL 32003		
				City/State and Zip Code	
			Sylvia@daintycheesecake.e		
			E-mail address: (to be used for future annual report not	rification)
For furth	ier inform	ation con	cerning this matter, please co	all:	
Sylvia F	itzgerald			845 313-3558	
	1	Name of P	erson		ne Telephone Number
Enclosed	t is a chec	k for the	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 /		ction	<u>Street Address:</u> Registration Se	ection
	_		rporations	Division of Co	
	P.O. Bo		20214	The Centre of	
		x 6327	•	The Centre of	•

Tallahassee, FL 32303

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



Dainty Cakes LLC

2022 APR 12 AM 10: 11

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears	s on our records.)	•
(A Florida Lin	nited Liability Company)	TALL STORE FI	E
The Articles of Organization for this Limited Liability Com	pany were filed on 5/6/1		
Florida document number L19000121382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
Dainty Cheesecake Company LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	esignation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	(S)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	Tice address on our rec	cords, enter the name of the new re	egister
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Neglstered rigent.			
New Registered Office Address:		- 	
		da street address	
		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's	gent:		

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
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

(If an e Note:	ive date, if other than the date of filing:
f the reco	d 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 led.
Dated	4/6/22
Dated	
2	Signature of a member or authorized representative of a member

Typed or printed name of signee