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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2020

STORMIE D. ACOSTA 417 SUN LAKE CIRCLE APT 315 LAKE MARY, FL 32746

SUBJECT: BAKING IT CRAFTY, LLC

Ref. Number: L19000139303

We have received your document for BAKING IT CRAFTY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000151975.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 720A00021292

COVER LETTER

Division of Co			
Baking it C	Crafty, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analogue Serial access	S A marandan and and Section are made	and the filter	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Stormie D. Acosta		
		Name of Person	
	Baking it Crafty, LLC		
		Firm/Company	
	417 Sun Lake Circle, Apt.	315	
		Address	· · · · · · · · · · · · · · · · · · ·
	Lake Mary, FL 32746		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Stormie D. Acosta		407 868-0733	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 1		<u>Street Address;</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Bakiv</u>	ng it Crafty, LL Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	, and the second	
	Stormie D.	Awsta Name of Person	
	Baking it (YUFTY, LLC Firm/Company	
	417 Sun Lak	e Circle, Apt. 315	
	Lake Mary, F	L 32146 City/State and Zip Code	
For further information co	GLOSTA. STORM E-mail address: (e 25@ mail. Com to be used for future annual report notific all:	F (*)
Stormie D. Name of	Awsta	at (<u>407</u>) <u>868 - 0</u> Area Code Daytime	733 Telephone Number Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	図 \$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	S:	Street Address:	ion

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAKTNES IT COACTULIC

company has been notified in writing of this change.

(Name of the Limited Liability Compa-	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000139303</u> .	were filed on May 23, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Inedible LLC The new name must be distinguishable and contain the words "Limited Liabil	in Company "the designation of LC" as the althoughting of LC"
Enter new principal offices address, if applicable:	417 Sun Lake Circle
(Principal office address MUST BE A STREET ADDRESS)	Apt. 315
	Aipt.315 Lake Mary . FL 32746
Enter new mailing address, if applicable:	417 Sun Lake Circle Apt. 315
(Mailing address MAY BE A POST OFFICE BOX)	Act. 315
	Lake Mary IFL 32746
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	2011 TALL
New Registered Office Address:	Enter Florida street address
	SO TO
	Florida 70 5
	City Zip Tode
New Registered Agent's Signature, if changing Registered Agent:	AZE RJD
I hereby accept the appointment as registered agent and agre	e 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

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
			□Add
			□Remove
			□ Change
			□Add
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`an effe <u>{ote:</u>	we date, if other than the date of filing:
record I is fil	I 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 ed.
ated \	Sovember 19 2020
	Signature of a member or authorized representative of a member