

(Re	equestor's Name)	
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(Čit	sy/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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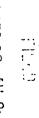


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## **COVER LETTER**

TO:	Registration Se Division of Cor			
477 (10.1		LE CAKE LLC		
SUBJ	ECT:	Name of Lin	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SCHABANOWSKI, TOB	IAS MARKUS	
			Name of Person	<del></del>
		THE WHOLE CAKE LLC		
			Firm/Company	
		2280W OAKLAND PARE	K BLVD, SUITE 225C	
			Address	
		OAKLAND PARK, FL 33	311	C
		INFO@US.OFFICE201,NE	City/State and Zip Code	- · · · · · · · · · · · · · · · · · · ·
		E-mail address: (	to be used for future annual report no	otification)
For fu	rther information co	oncerning this matter, please c	all:	
RICH	ARD BERTOSSA		507 4010380 at ( )	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 2	orations Jenter Circle

## **COVER LETTER**

Division of Co						
433 785 T 877 3789	DLE CAKE LLC  Name of Lim	ited Liability Company				
991 J. J. A. & J. J. A.		to the see				
	f Amendment and fec(s) are sub	-				
Please return all corresp	ondence concerning this matter	to the following:				
	SCHABANOWSKI, TOB	IAS MARKUS				
		Name of Person				
	THE WHOLE CAKE LLC					
	•	Firm/Company				
	2280W OAKLAND PARE	K BLVD, SUITE 225C			20	
		Address		٠.	Sel	
	OAKLAND PARK, FL 33	311			2019 SEP 30	
	INFO@US.OFFICE201.NE	City/State and Zip Code				<u></u>
	E-mail address: (	to be used for future annual report notif	ication)	-,	8: 42	
For further information	concerning this matter, please ca	all;			42	
RICHARD BERTOSSA	<b>\</b>	507 4010380 at ()				
Name	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	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 Filin Certificate Certified C (additional co	of Status Copy		
	JNG ADDRESS:	STREET/COURII Registration Section				

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WHOLE CAKE LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 08/06/2019	and assigned
Florida document number L19000199486		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
Principal office address MUST BE A STREET ADDRESS)		9 <u>Si</u>
		<u>ာ</u>
		0 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del>- 0</del>
		2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he  Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	. Florie	rla
	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>	Name	<u>Address</u>	Type of Action
MGR	LUMMER, YVES	2880W OAKLAND PARK BLVD	<b>-</b>
		SUITE 225C	Add
			Remove
		OAKLAND PARK, FL 33311	
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			□ Remove
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	<del></del>		Add
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			_
Effective date if other	han the date of filing:	(antional)	
Note: If the date inserted	han the date of filing:  date must be specific and connot be prior to date of filing in this block does not meet the applicable statutory on the Department of State's records.	or more than 90 days after filing.) Pursuant to filing requirements, this date will not be l	605,0207 (1 listed as tl
ne record specifies a	delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the ea	rlier of:
The 90th day after	the record is filed.	1	
09/25 Dated	. 2019	und	

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Typed or printed name of signee

Filing Fee: \$25.00