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COVER LETTER

TO: Registration S Division of Co			
	OLE CAKE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	-	
	Tobias Markus Schabanow	rski	
		Name of Person	
	THE WHOLE CAKE LLC		
		Firm Company	· · · · · · · · · · · · · · · · · · ·
	2880W OAKLAND PARI	CBLVD, SUITE 225C	
		Address	
	OAKLAND PARK, FL 33	311	
	INFO@US OFFICE201.NI	City/State and Zip Code ?T	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all;	
RICHARD BERTOSS.	Α	507 4910380 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check 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)
MAI	LING ADDRESS:	STREET/COURT	ER 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JEURETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/06/2019}{1}$ _____ and assigned Florida document number $\frac{L19000199486}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGR	Tobias Markus Schabanowski	2880W OAKLAND PARK BLVD	
		CLUMB 2254	
		SUITE 225C	□ Remove
		OAKLAND PARK, FL 33311	Remove
			Change
MGR	Yves Lummer	2880W OAKLAND PARK BLVD	
			= Add
		SUITE 225C	_
		OAKLAND PARK, FL33311	□ Remove
		OAKLAND PARK, PLEENIT	
			Remove
			B Change
			Add
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			Change
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			Change

. If amending any other inforn	inton, enter change(s) o	CIC. (/ijach manjawa	i sheets, ij neet saary j	
				
				<u>.</u>
				
	·			
				
				
Effective date, if other than the (It'an effective date is listed, the date in Note: It'the date inserted in this document's effective date on the	nust be specific and cannot be problem block does not meet the app	olicable statutory filing re	(optional) than 90 days after (flung.) Pursuant equirements, this date will not b	to 605 0207 (3); be listed as the
the record specifies a delay b) The 90th day after the ro	ed effective date, but ecord is filed.		e, at 12:01 a.m. on the ϵ	earlier of:
Dated AUG 13	. 2019	Mount	<i>)</i>	
_ , _ ,		// //		
	Signature of a member orta	umorized representative of	a memper	
RICHARD BERTOS	SA	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00