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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE JAN 1 1 2022	
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Office Use Only



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12/28/21--01021--023 **25.00

2021 DEC 28 PM 5: 25
SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		·	
Black Shee	ep Bake Shop LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Linda Gabriel		
		Name of Person	
	Linda Gabriel CPA		
		Firm/Company	
	3025 Markridge Rd		
		Address	
	Sarasota FL 34231		
		City/State and Zip Code	
	lgabrielcpa@gmail.com	to be used for future annual report	notitiontion
For further information c	concerning this matter, please ca	-	notification
Linda Gabriel		941 650-878	3
Name (of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address Registration	
Division of C	Corporations	Division of	Corporations
P.O. Box 633	77	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

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

Black Sheep Bake Shop LLC

2021 DEC 28 PM 5: 25

Black Sheep Bake Shop LLC	SEC	RETARY OF STATE
Black Sheep Bake Shop LLC (Name of the Limited Liability Compared (A Florida Limited)	pany as it now appears on our regor I Liability Company)	MASSEE, FLER
The Articles of Organization for this Limited Liability Compan		
Florida document number L19000305069		
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 Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· 	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new register
agent and/or the new registered office address nere.		
Name of New Registered Agent:		·
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street addre	ess
	F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, c s provided for in Chapter 605.	and I am familiar with and , F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Van A Engels	4411 Bee Ridgge Rd #480	□Add
		Sarasota FL 34233	≡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00