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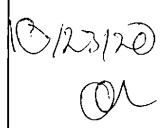




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2020 SEP 14 AM 9: 21 SECRETARY OF STATE



COVER LETTER

Division of Corporations	
SUBJECT: It's A Piece of Cake LLC. Name of Limited Liability Company	
Name of Emilea Blabbilly Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kely Lo Gato Name of Person	
200 Myrtle Brook. Bend	
Ponte Vedra FL 32081	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kelly Locatto at (860) 372 1371 Area Code Daytime Telephone Number	e.
Enclosed is a check for the 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) Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION SEP 14 AM 9: 21 OF SECRETARY OF STATE

It's A Piece	e of Cake L TALLAHASSEE, FL Liability Company as it now appears on our records.)
(A)	Florida Limited Liability Company)
The Articles of Organization, for this Limited Liabi	lity Company were filed on Morch 10, 202(a)d assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Kaulaahanah	LLC.
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registered</u> lere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida City Zip Code
	511) COGC

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 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	
5.**	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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		□Remove	
			Change
			□Remove
			□Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
المار نام	s A Piece of Cake ILC; is changing service to an apparel company.
413	s service to but appeared company.
_	
	
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(If an effective on Note: If the	tate, if other than the date of filing:
if the record spec record is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9/8/2020
_	Signature of member or authorized representative of a member
	Kelly Lo 6 atto Typed or printed name of signee