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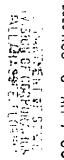
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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		,		
SUBJECT: COC	Hure Cugcak	es Boutique, U	<u>C</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:		
	Exica Lee	Name of Person	<u> </u>	
	Contine C	upicales Bou	tique,UC	
	63 Pine C	Xest LN Address		
	Ralm Coa	City/State and Zip Code		
	CoutweCo E-mail address: (up cakes 1049 @Cy	mail.com ification)	
For further information c	oncerning this matter, please ca	all:		
Exica G	f Person		5266 ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address:		
Registration S Division of C		Registration Section		
P.O. Box 632	-		Division of Corporations The Centre of Tallahassee	
Tallahassee, l			pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Confuse Cupcake	s Boution	e,llc z
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ed Liability Company)	our redords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u></u>	20/2020 and assigned
Florida document number <u>LOOO0107102</u> .		2000年 3 円
This amendment is submitted to amend the following:		Town a series
A. If amending name, enter the new name of the limited li	ability company here:	in the second of
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	ation "LLC" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:	ic madi cos on our recor	and the first of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MAR	Marty D.lee Sr.	Los Pine Crest LN	□Add
		Palm Coast FL 32164	Remove
		 	□Change
MCIR	Exica Lee	63 Ane Crest LN	MAdd
		Palm Coast FL 32164	□Remove
			□Change
			□ Add
			□ Remove
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Note:	ve date, if other than the date of filing: 4\20000 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
e recor	d 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.
Dated	7/31/2020
	Marty D. Lee Ste. Signature of a member or authorized representative of a member
	Marty D. Lee Sr.