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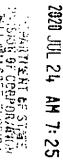


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RECENTED
JUL 2 4 2020

SEP 1 5 2020 S. YOUNG



COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: R	and fol - Name of Lim	Paerd Cakes ited Liability Company	, LLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tony	A Name of Person	<u>00</u>
	found to	L Taind Cal	hos, LLC
	7186 1	Jw Soth (eay
	Blins E-mail address: (City/State and Zip Code OP 4 AV . CC to be used for future annual report noti	333-1
For further information co	ncerning this matter, please c	all:	
Tonya F	Person	Area Code Daytim	the Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

وج

	OF	
Pound for (Name of the Limited Limite	Pour Cakes ability Company as it now appears on our re orida Limited Liability Company)	LLC 2
The Articles of Organization for this Limited Liabili Florida document number <u>L20000145</u>		8 200 Tand assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	ODRESS)	·
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		_
B. If amending the registered agent and/or regist agent and/or the new registered office address he		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Junel 5	Tong Beinson	7186 DU SOTH Way	Exdd
		Jamarac FL 33321	□Remove
			□Change
			🗆 Add
			□Remove
		<u></u>	□Change
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		····	□Remove
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5/28/2020 E. Effective date, if other than the date of filing: ___ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00