20000)148698
(Requestor's Name) (Address) (Address)	100395313701
(City/State/Zip/Phone #)	10/11/2201020004 ++25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Office Use Only	FILED 2022 GCT II PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FL

TO: Registration Section Division of Corporations

MO'S BUNDT CAKES LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAR	OLGA CALDERON		
MOS	Name of Person BUNDT CAKES LLC		
7143	Firm/Company NWATERWAY DR		
 MIAN	Address II FL33155	2022 OCT 1 SECRETAI TALLAH	
INFO@ 	City/State and Zip Code MOSBUNDTCAKES.COM E-mail address: (to be used for future annual report notification)	11 PM IF 39 NRY OF STAT PASSEELFL	
For further information concerning	this matter. please call:	TALE	
MARIOLGA CALDERON Name of Person	786 278-8760 at ()		
Enclosed is a check for the followi	ng aniount:		
	(additional copy is enclosed) Certified	e of Status &	
<u>Mailing Address:</u> Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee	10	

10 ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	<u>.</u>	ame of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
his amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address, if applicable: Mailing address, if applicable: Mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX1 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: Name of New Registered Agent: Name of Office Address: Florida	he Articles of Organization for	this Limited Liability Company y	05/01/2020	and assi	gned
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, Florida	New Registered Office	Address:			y y
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			, Florida		Card and

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.

MGR = Manager AMBR = Authorized Member

~

<u>Title</u>	<u>Name</u>		<u>Address</u>	<u>Type of Action</u>
MS	REGINA M LAO	CAYO	1172 S DIXIE HWY #151 MIAMI FL33146	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

OCTOBER 1ST	2022	
Dated		
	Signature of a member or authorized representative of a member	
MARIOLGA C	ALDERON	
	Typed or printed name of signee	_