## LZO 000180515

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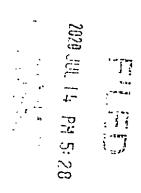
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AUG 25 70270 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: Deyah's Cate & Mar 110
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:
Ricardo L. Caraballo Torres.
Deya's Cake & More 11C
2328 Herbor Town Dir
City/State and Zip Code
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Ri Cordo L. Calcaballo Tollos. at 465.  Name of Person  Area Code  Daytime Telephone Number
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)
Mailing Address:  Street Address:  Project Systems Systems  Project Systems Systems Systems  Project Systems Sys
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deyah's Care	SOME SOME	v as it now appears on	our records )		[1]
(Name of the Connec	A Florida Limited Li	y as it now appears on ability Company)	our records.	·	# 1 # 1
The Articles of Organization for this Limited Lia		were filed on June	2. 24.200	and assigned 55.	
Florida document number <u>L.20001805</u>	<u> 215      </u> .			نن	6,-45
This amendment is submitted to amend the follow	wing:			2.8	
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applica	ble:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET	r ADDRESS)				
					_
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE B	<u>(0X)</u>				_
				<del></del>	
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recoi	ds, <u>enter the name</u>	of the new regi	<u>stered</u>
Name of New Registered Agent:	Rical	do L. Co	<u>iraballo</u>	Torres	
New Registered Office Address:	7328	Heir boy Enter Florida	TOWN I	XC .	_
	Kissin	Mee City	, Florida	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.

f 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>	Address	Type of Action
MGL	Ricardo L. Carab	allo 2328 Heirbor Taux	DK EIAdd
			□Remove
		Name had A THAN NO (H.) is inte name.	Change
MGL	Bichardol Caraba	10 2328 Harbor-town OR Kissimmer Fr. 34744	
			Ekemove
			□Change
MGR	Pircardo L. Caral	oallo 2338 Herbor Toux. Xissimmee fc. 3-17	YY.
			🗆 Remove
			□Change
			□Add
			□Remove
			□Add
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			□Change
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(If an effi	ve date, if other than the date of filing:
the record cord is fil	I 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	July 1000.
	Signature of a member or authorized representative of a member
	Ricardo L. Caraballo Torres Typed or printed name of signee

Filing Fee: \$25.00