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COVER LETTER

TO:

ΓΟ: Registration Section Division of Corporations	
SUBJECT: <u>Cakes</u> Sn	acks d Balloons LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fe	c(s) are submitted for filing.
Please return all correspondence concerning	
	Maria Martins Name of Person
Cak	ces Snacks of Balloons UC
	567 Smith Field Drive
0	rlando FL 32837 City/State and Zip Code
——————————————————————————————————————	fmartins72 @ amail.com ail address: (to be used for future annual report swittention)
For further information concerning this matt	er, please call:
Maria Martins Name of Person	at (407) * 276-1351 Area Code Daytime Telephone Number
Enclosed is a check for the following amour	n:
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lakes snacks		1100LD 155	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on o</u> ability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>120000203835</u> .	vere filed on <u>Augu</u> C	5t 24,2020 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designat	ion "LLC" or the abbreviatio	on "L.L.C."
Enter new principal offices address, if applicable:		020	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records	s, enter the name of the	38 e new register
Name of New Registered Agent: New Registered Office Address:			
	Enter Florida stre	et address	
	C:-	, Florida	. ,
Name Danietanad Agant's Simustana if abanasian Danietanad Agant.	Ciŋ·	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my di ovided for in Chapte	aies, and I am familiar er 605, F.S. Or, if this c	with and locument is

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, 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
MGR	Stefany De Faria	2567 Smithfield	□Add
	J	Drive Orlando Fl 3283	37 tremove
			□Change
AR	Daniel De Faria	2567 SmithHeld	🗆 Add
		Drive OrlandoF1 328	37 DKemove
		· · · · · · · · · · · · · · · · · · ·	2020 NOV
			Cardo Cardo
			AH
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			Remove
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fective date, if oth	er than the date of filir	ıg:		(optiona	l)	
n effective date is listed <u>ote:</u> If the date inser	d, the date must be specific an ted in this block does not	id cannot be prior to d meet the applicable	ate of filing or more than	90 days after filin rements, this da	g.) Pursuant to 66 te will not be li	05.020 sted a
cument's effective d	late on the Department of	State's records.				
ecord specifies a dela is filed.	ayed effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th day af	ter th
red OCtok	oer 29th	2020 (Value)	The A			
	Signature of a	member of pulborize	d representative of a me	mber		