L20000318635

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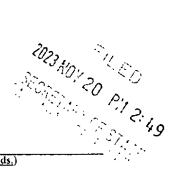
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COVER LETTER

	tration Sector on of Corp						
A * * * * * * * A * * * * * * * * * * *	Two Besties Bakery LLC						
SUBJECT: _		Name of Lim	nited Liability Compa	ny			
The enclosed A	articles of A	mendment and fee(s) are sub	omitted for filing.				
		dence concerning this matter	_				
		Jaclyn A Fischer					
		***************************************	Name of Pers	on	· · · · · · · · · · · · · · · · · · ·		
		Two Besties Bakery LLC					
			Firm/Compar	ıy			
		5372 Bodega Place					
			Address				
		Deiray Beach, FL 33484					
			City/State and Zip	Code			
		twobestiesbakery@gmail.co					
For further info	ormation cor	E-mail address: (neerning this matter, please c	to be used for future : :ali:	annual report notific	ation)		
Thomas A Abb		.	561	994-9424			
	Name of I	Person	at (Arca Cod	e Daytime 'I	Felephone Number		
Enclosed is a cl	heck for the	following amount:					
≘ \$25.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis	ng Address: stration Se		Re	eet Address:			
	Box 6327			vision of Corpo e Centre of Tal			
Talla	hassee, FI	J 32314	24	15 N. Monroe S	Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Two Besties Bakery LLC

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on an	id assigned		
Florida document number 1.20000318635				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Two Besties Events LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	on "L.L.C."		
Enter new principal offices address, if applicable:	Jaclyn A Fischer			
(Principal office address MUST BE A STREET ADDRESS)	8099 Green Tourmaline Terrace			
	Delray Beach, FL 33446			
Enter new mailing address, if applicable:	8099 Green Tourmaline Terrace			
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33446			
		 		
agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip (Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familia provided for in Chapter 605, F.S. Or, if this	r with and document is		
If Cha	nging 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

•

Title	<u>Name</u>	Address	Type of Action
AMBR	Jaclyn A Fischer	8099 Green Tourmaline Terrace	□Add
		Delray Beach, FL 33446	□Remove
			≡ Change
			□Add
		 	
			□Change
			□Add
			□Remove
		18 114 2 2 2	[]Change
			□Add
			Remove
			☐Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Effect	ive date, if other than the date of filing:
Note:	ive date, if other than the date of filing:
reco d is fi	rd 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 led.
Dated	November 14. 2023
	Signature of a member or authorized representative of a member
	\checkmark
	Jaclyn A Fischer