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3/11/21

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations -	•	
SUBJECT:	CAKESIST	LLC	•	
OBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		NATALIA DISSA		
			Name of Person	-
			Firm/Gompany —	
		4553 GATEWAY BLVD		
			Address	
		WESLEY CHAPEL, FL 3.	3544	
		NATALIA.DISSA@GMAI	City/State and Zip Code L.COM	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Michael Mo	ubarak CPA		813 240-7240 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 H	filing Fee	□ \$30.00 Filing-Fee & ——Gertificate of Status	☐ \$55.00 Filing Fee &Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S		Street Address: Registration Sect	tion
	-	orporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records) ECRETARY OF STATE

FILED

CAKESIST LLC

2021 JAN 25 PM 1: 56

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. lenter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	L.C."
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> agent and/o <u>r the new registered office address here</u> :	/ registere
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 agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu 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.	h and ment is

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
AMBR	DMYTRO DISSA	4553 GATEWAY BLVD	□Abd
		WESLEY CHAPEL, FL 33544	■Remove
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