

L21000011819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

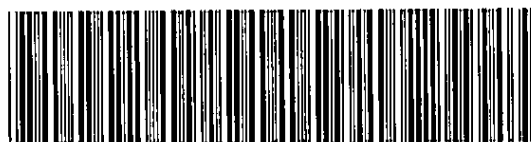
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

04/27/2021
S.C.



600361066016

03/08/21--01047--004 **60.00

FILED
2021 MAR -8 P 11:48
SCLEROTIC
SCLEROTIC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Latte Bakes LLC
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:

Phuong Legaspi
Name of Person
Latte Bakes LLC
Firm/Company
8220 Abbeyfield Dr.
Address
Jacksonville FL 32277
City/State and Zip Code
lattebakes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Legaspi at (407) 733 8652
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAR 8 PM 11:48
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Latte Bakes 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 01/04/2021 and assigned
Florida document number L21000011819.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8220 Abbeyfield Dr.
Jacksonville, FL 32277

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8220 Abbeyfield Dr.
Jacksonville FL 32277

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida:

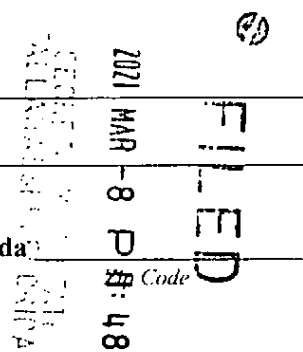
City

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.

If Changing Registered Agent, Signature of New Registered Agent



2021 MAR -8 P
REC
ALAN

FILED
2021 MAR -8 P 11:48
FBI - MEMPHIS

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.

Dated 03/04/2021

Signature

[Signature]
representative of a member

Signature of a member or authorized representative of a member

Phuong Legaspi

Giovanni Legaspi

Typed or printed name of signee