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2022 NOV 28 PH 4: 38 SECRETARY OF STATE

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COVER LETTER

TO:		tration Sect ion of Corpo				
SHRIE		Cake Tables N	Miami, LLC		•	
SUBJECT:Name of Limited Liability Company						
The encl	losed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	ll correspond	dence concerning this matter	to the following:		
			Tatiana Gutierrez			
				Name of Person		
			Cake Tables Miami, LLC			
				Firm/Company	··· · · · · · · · · · · · · · · · · ·	
			7945 NW 185 Street			
			 	Address		
			Miami, Florida 33015			
				City/State and Zip Code		
			tgutierrez513@gmail.com			
			E-mail address: (to be used for future annual i	report notification)	
For furth	her info	ormation con	cerning this matter, please co	all:		
				at ()	Daytime Telepho	
		Name of P	erson	Area Code	Daytime Telepho	one Number
Enclose	d is a c	heck for the	following amount:			
\$25	i.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address:		Street Ad	dress:	

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cake Tables Miami, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Comp. Florida document number L21000014283	pany were filed on 01/04/2021		and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Bloomed Balloons Event Decor, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:		<u> </u>	2022	
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		<u> </u>	\neg
		<u> 1155</u>	2	
		AS:	ω -	m
Enter new mailing address, if applicable:		000 000 000 000 000	PΗ	
Mailing address MAY BE A POST OFFICE BOX)		四式	ا. ن	
musing usuaress mili be it tool of the bon		177	u	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ame of	the ne	w regist
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	r.nier r ioriaa sireei adaress			
	, Florida			
	City	Z	ip 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

·				
				
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	· · · · · · · · · · · · · · · · · · ·			
Effective date, if other than the	date of filing:		(optional)	
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bit	t be specific and cannot be pricedly down not most the appl	or to date of filing or more	than 90 days after filing.) Purs	aiant to 605.0207 (3)(b
document's effective date on the D			equitements, this date with	not be fisted as the
e record specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90t	h day after the
rd is filed.				
November 21	2022			
Dated		·		
	Mine Just Signature of a mergineer or aut	1.		

T111 T2 0050

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
		- 	🗆 Remove
			□ Change
			□Add
		·	□Remove
			□ Change