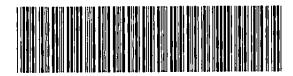
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(Requestor's Name)
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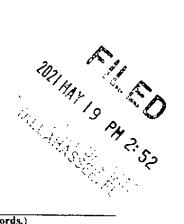
TO:	Registration Solivision of Co					
44111111		SANTIME DESSERT STUDIO LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		ERJIA ZHOU				
			Name of Person			
		SANTIME DESSERT STU	JDIO LLC			
		Firm/Company				
		2905 SENTENCE STREE	T			
		Address				
		KISSIMMEE, FL 34746				
		City/State and Zip Code				
		147751782@QQ.COM				
			to be used for future annual report not	hheation)		
For furth	ner information	concerning this matter, please c	all:			
ERJIA 2	KHOU		929 250-9769 at ()			
	Name	of Person		ne Telephone Number		
Enclosed	d is a check for t	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 Addre		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of	•		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SANTIME DESSERT STUDIO 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	ty Company were filed on 01/26/2021	and assigned
Florida document number L21000048752	 -	
This amendment is submitted to amend the following	3 :	
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 designatio	n "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DBECC)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, e:	enter the name of the new registered
	•••	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<u></u>		_, Florida
	City	, Florida 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 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 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	ERJIA ZHOU	2905 SENTENCE STREET, KISSIMMEE, FL 34746	; _ ≣ Add
			_ CRemove
			_ 🗆 Change
			_ □Add
		·	_ □Remove
			_ Change
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			_ □Change
			_ C)Add
			_ □Remove
			_ □Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Add EIN-86.2093031
	
(If an effective de Note: If the c	te, if other than the date of filing:
he record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY	19TH 2021
ER	Signature of a member or authorized representative of a member
	Typed or printed name of signee