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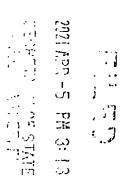
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COVER LETTER

TO: Registration S Division of Co			
	DE'S CAKES & FLOWERS		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARIE YOLANDE MON	TOUTE	
		Name of Person	
	YOLANDE'S CAKES & F	FLOWERS	2021 A
		Firm/Company	- APR
	2540 10TH AVE N APT 1	04T	
		Address	PH 22
	LAKE WORTH, FL 3346	1	
	MYM19615@GMAIL.CO	City/State and Zip Code	——————————————————————————————————————
	_	to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
MARIE YOLANDE M	IONTOUTE	973 3938481 at ()	
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	Certified Copy (additional copy is enclosed)	60.00 Filing Fec, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOLANDE'S CAKES & FLOWERS	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L21000075503	on 02/15/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
YOLANDE'S CAKES & FLOWERS LLC	20
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:	
nter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the new register
N. D. J. 1077 A.H.	
New Registered Office Address: Ent	er 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 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

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	MARIE YOLANDE MONTOUTE	2540 10TH AVE T 104	■Add
		LAKE WORTH, FL 33461	□Remove
		<u></u>	□Change
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an effective date is listed, the date mus ote: If the date inserted in this blo	be specific and can ock does not meet	mot be prior to the applicab	date of filing of le statutory fi	r more than 90 ling requirer	days after finents, this c	ling.) Pursua late will no	nt to 605.0 it be lister	320 d a:
ocument's effective date on the De	partment of State	s's records.	•					
record specifies a delayed effective lis filed.	: date, but not an	effective tim	e, at 12:01 a.i	n. on the ear	lier of: (b)	The 90th	day after (the
March 12	, 2	2021						
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Filing Fee: \$25.00