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A. BUTLER NOV 1 5 2021

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Societion of Co.		•						
SUBJECT:	KELLY'S	CAKE & FOODS, LLC							
SOBJECT.	Name of Limited Liability Company								
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return	ı ail correspo	ondence concerning this matter	to the following:						
		KELLYS L. AMARIST	Α						
			Name of Person						
		KELLY'S CAKE & FOOI	OS. LLC						
		·	Firm/Company						
		11249 ISLE OF WATERE	BRIDGE APT 108						
			Address						
		ORLANDO, FL. 32837							
			City/State and Zip Code						
		kellyscakeandfoods@gmail	.com to be used for future annual report notification)						
For further in	nformation c	oncerning this matter, please ca	•						
Kellys L. Ar	narista		321 9469368 at ()						
	Name o	f Person	Area Code Daytime Telephone Number						
Enclosed is a	check for th	ne following amount:							
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
	ling Addres		Street Address:						
	gistration S vision of C	orporations	Registration Section Division of Corporations						
	Box 632	•	The Centre of Tallabassee						

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 HOY -1 AM 7: 25

(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 FEBRUARY 22, 2021 and assigned Florida document number __L21000085685 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." KELLYS L. AMARISTA Enter new principal offices address, if applicable: 11249 ISLE OF WATERBRIDGE, #108 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL. 32837 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 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

New Registered Agent's Signature, if changing Registered Agent:

KELLY'S CAKE & FOODS, LLC.

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	KELLYS L AMARISTA	11249 ISLE OF WATERBRIDGE, #108	
		ORLANDO, FL 32837	
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ecord is file	l specifies a d ed.	elayed effec	ctive date, but	not an ef	fective tim	ie, at 12:0	l a.m. on th	ne earlier of	î (b) The	90th day a	fter th
ted_	OCTOBER	25		202	21	_,•					
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	_	_	Signature	of a membe	er or author	ized represe	entative of a	member			

Filing Fee: \$25.00