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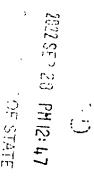
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations DIAPERCAKESANDGIFTBASKETS LLC SUBJECT: 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: Jacqueline Name of Person ZenBusiness INC Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacqueline c/o ZenBusiness INC 493-6249 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAPERCAKESANIXIIFTBASKET	TS LLC			
(<u>Name of the Limited</u> (A	Liability Company A Florida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Lial Florida document number L21000088156	bility Company w	ere filed on <u>02/22/202</u>	 	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designation	n "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applical	ble:		 	
(Principal office address MUST BE A STREET	ADDRESS)			
			 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Between B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office ad	dress on our records,	enter the name (of the new register
New Registered Office Address:				
New Registered Office Address:		Enter Florida stree	. Florida	0.72 \$5
		City	, riorida,	Zip,Code
New Registered Agent's Signature, if changing Re	egistered Agent:			co
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete p tered agent as pr egistered office a	erformance of my dut ovided for in Chapter	ies, and I am fan 605. F.S. Or 🏋	nili d? with and thi s d ocument is
	If Chang	ng Registered Agent, <u>Sigr</u>	nature of New Regis	tered 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
MGR	Staci-Ann Aris	3205 NW 88TH WAY	🗀 Add
		CORAL SPRINGS, FL 33065	□Remove
			≘ Change
AMBR Scymour Aris	3205 NW 88th Way	□Add	
		Coral Springs, FL 33065	= 0
			□ Change
			□Add
		 	□Remove
			□Change
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fective date, if other than the d an effective date is listed, the date must b ote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be prior ik does not meet the application	to date of filing or more than able statutory filing requ	(optional) 190 days after filing.) Pursuant to 66 irements, this date will not be lis	05.0207 sted as
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day aff	er the
September 26th	. 2022	<u> </u>		
ls!	Staci-Ann Aris			
	Staci-Ann Aris	orized representative of a m	ember	

Filing Fee: \$25.00