L21000156385

(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Stov	ver cakes LL	.C.	
SUBJECT:OTO		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Valerie Sto	Name of Person	
	Stover Cake	S LLC Firm/Company	
	402 E. Poins	Settia St Address	
	Lakeland, 1	FL 33803 City/State and Zip Code	
	info@stove	CALLS · WW to be used for future annual report notif	fication) 2021
For further information of	concerning this matter, please c	all:	702 / 1:04 2
Valerie St		at (863) 513 - 8	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration (Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stover cake	SLLC		
(Name of the Limit	ted Liability Comp (A Florida Lumited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
Florida document number <u>L2100015(</u>	0385		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	pility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	402 E Poinsett	iast
(Principal office address MUST BE A STREE	ET ADDRESS)	Lakeland FL	33803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	402 E. Poins Lakeland FL	217ia St 33803
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:	Valeri-	e Stover	
New Registered Office Address:	402 E.	Poinsettia St Enter Florida street address	2021 IN
	La	Veland	rida 35803
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	:	- /2

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	valerie Stover	402 E. Poinsettia St	X Add
		Lakeland, FL 33803	□Remove
]Change
			⊐Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		; S (⊒Add 21 70
		<u> </u>	□Remove •
			∃Change
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			□Change
			∃Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
when applied misunderstood and Adidn't realize
I needed to list myself as a AMBR/MGR-1
thought Registered Agent was Sufficient to show
me as owner.
Went to bank to open Business account and mey
causnt the error.
Thank your
Name of the second seco
•
29 P
<u> </u>
. မိသိ ထိ
E. Effective date, if other than the date of filing:(optional)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eariier of: b) The 90th day after the record is filed.
Dated 11/24 . 2021
Signature of a member or authorized representative of a member
Valeric Stover Typed or printed name of signee
Typed of printed figure of significe