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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

BAKE-N-I	BUNCHES LLC		
30B3ECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH TORRES-N	EAL	
		Name of Person	
		Firm/Company	
	2201 SW ABALON CIR		·
	PORT SAINT LUCIE. FL	Address 34953	
	L PZeCLIDC A L'ES (OVALIC	City/State and Zip Code	
	LIZSCUPCAKES@YAHC	to be used for future annual report notif	leation)
For further information of	concerning this matter, please c	all:	
ELIZABETH TORRES-NEAL		561 797-5957	
Name (	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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  $\frac{08/11/2021}{1}$ and assigned Florida document number <u>L21000360698</u> 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 "LLC." 2201 SW ABALON CIR Enter new principal offices address, if applicable: PORT SAINT LUCIE, FL 34953 (Principal office address MUST BE A STREET ADDRESS) 2201 SW ABALON CIR Enter new mailing address, if applicable: PORT SAINT LUCIE, FL 34953 (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:

BAKE-N-BUNCHES 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	<u>Address</u>	Type of Action
AMBR	ELIZABETH TORRES-NEAL	2201 SW ABALON CIR	□Add
		PORT SAINT LUCIE, FL 34953	□Remove
			Change
	<u> </u>		□Add
			□Remove
			☐ Change
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ELIZABETH TORRES-NEAL					