**Devision of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

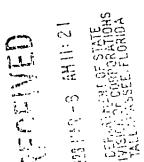
Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number ; (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADDIE CAKES, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

#### From: Sarah Acevedo

## **COVER LETTER**

TO:	Registration Se Division of Cor			
emir		JAKES, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fec(s) are sub	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		<del> </del>	Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		handm1@gmail.com		
		E-mail address: (i	to be used for future annual re	part notification)
For furt	her information c	oncerning this matter, please ca	ill:	
Cheyen	nne Moseley		800 773	0888
	Name o	f Person	Area Code	Daytime Telephone Number
Enciose	ed is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy tadditional copy is ende	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	Registratio Division o Clifton Bu	f Corporations

Tallahassee, FL 32301

Registration Section

Ta:

TO:

### **COVER LETTER**

SUBJECT: MADDIE	CAKES, LLC		
Sebase 1.	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:	
	Cheyenne Moseley		
	<del> </del>	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
	·	Address	·
	Glendale, CA 91203		
	<del>-!</del>	City/State and Zip Code	
	handm1@gmail.com		<del></del>
For further information	E-mail address: ( concerning this matter, please of	to be used for future annual report notif	lication)
Cheyenne Moseley	concerning this matter, prease of	800 773-0888	
Name of Person		at ()	e Telephone Number
Tame (		July College	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	23 355.00 Piling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<b>11 - 11</b>	INC ADDRESS	STREET/COURT	ED ANNDESS.
Regist	MAILING ADDRESS: Registration Section		n
	on of Corporations ox 6327	Division of Corpora Clifton Building	ations
	assee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

VALISBUR CLAUTER 1170

To:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADDIE CAKES, LIC					
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now annears on our restricting Company)	rcords.		
The Articles of Organization for this Limited L	iability Company w	vere filed on 09/01/2021		_ and assign	ed
Florida document number L21000390370					
This amendment is submitted to amend the following	owing:				•
A. If amending name, enter the new name o	f the limited liabili	ty company here:			
Home Pizza Dad, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	"LLC" or the abbre	viation "L.L.C.	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:			- ، دا	~3	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			23	
-				: _زر	
				။ မာ	,
B. If amending the registered agent and		ce address on our rec	ords, <u>enter th</u>		the nev
registered agent and/or the new registered of	<u>fice address here:</u>			· ==	
			•		
Name of New Registered Agent:	Alexis Patrick	<del></del>		<u>. ພ</u>	
New Registered Office Address:	1514 Charlotte La				
-		Enter Florida street a	ddress		
	Orlando		, Florida <u>3280</u>	<u>:</u>	
		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

MGR = Manager

To:

\_\_\_\_\_ 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			G Add
			Remove
			Change
			D Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		-	□ Remove
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From, Sarah Acevedo

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statute	ing or more than 90 c ry filing requirem	_ (optional) ays after filing.) Pursuant to ents, this date will not be	605.0207 ( listed as th
ne record specifies a delaye The 90th day after the rec		ut not an effe	ctive time, at 1	2:01 a.m. on the ea	ırlier of:
Dated March 1st		3			
Mile	if				
1991	<u></u>		entative of a membe		-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00