

L21000448615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

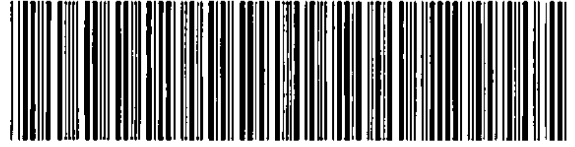
Certificates of Status _____

Special Instructions to Filing Officer:

W 23000 123040

Signature

Office Use Only



600414059726

08/17/23--01017--022 **25.00

FILED

2023 AUG 17 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FL

2023 8 17

COVER LETTER

**TO: Registration Section
Division of Corporations**

A Little Bite Of Cake L.L.C

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:

Vernell Benton

Name of Person

Firm/Company

875 SW 4th Ct Apt 8

Address

Boca Raton Florida 33432

City/State and Zip Code

VernellBenton@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vernell Benton

561 365-0779

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

A Little Bite of Cake L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2023 AUG 17 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000448615.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Golden Scorpio Designs LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

City

Florida

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
AMBR = Authorized Member

AMBR = Authorized Member

Scenario	Initial State	Final State	Operation
1	<input type="checkbox"/> Add
2	<input type="checkbox"/> Remove
3	<input type="checkbox"/> Change
4	<input type="checkbox"/> Add
5	<input type="checkbox"/> Remove
6	<input type="checkbox"/> Change
7	<input type="checkbox"/> Add
8	<input type="checkbox"/> Remove
9	<input type="checkbox"/> Change
10	<input type="checkbox"/> Add
11	<input type="checkbox"/> Remove
12	<input type="checkbox"/> Change
13	<input type="checkbox"/> Add
14	<input type="checkbox"/> Remove
15	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(i)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

08/10/2023

Dated

Signature of a member or authorized representative of a member

Vernell Benton

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2023

VERNELL BENTON
875 SW 4TH C
APT 8
BOCA RATON, FL 33432

SUBJECT: A LITTLE BITE OF CAKE L.L.C
Ref. Number: L21000448615

We have received your document for A LITTLE BITE OF CAKE L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00020761