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(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp		•	i
SUBJECT: CAK	elicius by Cr	isty L.L.C.	•
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Cristi	na Guzman Name of Person	
		Name of Person	
	Cakelicius	by Cristy L.L.	<u>C</u> .
	5450 Gu	idepost terr	
	Port Charl	otte. Florida, City/State and Zip Code	33981
	gyzman. 20 E-mail address: (1	11 @ live.com to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Cristina G	UZM GN Person	at (<u>939</u>) <u>240 -</u> Area Code Daytimo	O228 c Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	X \$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



The Articles of Organization for this Limited Liability Company were filed on January 25, 2022 and assigned Florida document number L22000045960 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cakelicious by Cristy 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

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

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
			□Add
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Change
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			Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			_ □Change

	I'm just changing one letter.	
	I'm just changing one letter. Adding th "O" in my LLC name.	
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effe	date, if other than the date of filing: February 9, 2022 (optional) ve 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.0207 isted as
ume	's effective date on the Department of State's records.	integration (i.e.
cord	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
s file		
	Tahan 1 a a a a	
ed_	ebruary 9, 2022.	
	Signature of a member or authorized representative of a member	
	Cristina Guzman Beyes	

Filing Fee: \$25.00