122000053701

(Requestor's Name)					
	iress)				
	lress)				
(City	/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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cc/cus Stat Curr Nanich8

> MAR 0 4 2022 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Cake Medica LLC						
Name of Limited Liability Company						
Dear Sir or Madain:						
The enclosed Statement of Correction and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Briana J. Bassler						
The Bassler Law Firm, LLC						
1 Sunlit Dr. &						
Santa Fl NM 77508 City/State and Zip Code						
E-mail address: (10 be used for future annual report notification)						
For further information concerning this matter, please call: Briana J - Bassler at (113), 550 - 16509 Name of Person Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
Enclosed is a check for the following amount: S225 Filing Fee Certificate of Status & C						
Paro H						
1055						



February 24, 2022

BRIANA J. BASSLER THE BASSLER LAW FIRM, LLC 1 SUNLIT DR E SANTA FE, NM 87508

SUBJECT: CAKE MEDICA, LLC Ref. Number: L22000053701

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Letter Number: 622A00004620

Irene Albritton Regulatory Specialist III

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		FLORII	STATEMENT OF FOI DA OR FOREIGN LIMI'		ent.		
			-	ed to correct a previously filed docume	nt.		
FIRST	: The n	name of the limited lia	bility company is:	1, LLC			
SECO	ND:	The Florida Docur	nent number of the limited liab	bility company is:			
THIRE) :	Document to be co	orrected is:	ion			
		(CHECK THE APP	ROPRIATE BOX AND COM	APLETE THE APPLICABLE STAT	EMENT		
*		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
1	The r	The name of the company was mispelled to to an inadvertent typographical error. The correct name should be:					
	"Cak	e Media, LLC"					
0		defectively signed. TI lows:	he manner in which the docum	ent was defectively signed and the appn	opriate correction are		
۵	OR The e	red.	of the record was defective.	3/3/2 Date	8 22		
		ew registered agent, it designation).	Capplicable :(NOTE: if correc	ting the registered agent, the new regist	ered agent must sign		
I hereby provisio	occep ons of a ons of ochang	it the appointment as r ill statutes relative to my position as registe te in the registered off	the proper and complete perfor red avent as provided for in C	nct in this capacity. I further agree to co rmance of my duties, and I am familiar hapter 605, F.S. Or, if this document is that the limited liability company has bo	with and accept the being filed to merely		
Registered Agent's Signature							
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

CR2E062 (9/15)