# L22000065125

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## **COVER LETTER**

O: Registration Section
Division of Corporations

SUBJECT:	The Mixer	Bakery & Cafe LLC		
JOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Yainara Lopez		
			Name of Person	
			Firm/Company	
		54 SW 60th Court		
		Miami, Florida 33144	Address	
		<u> </u>	City/State and Zip Code	
		themixer711@gmail.com		
		E-mail address: (	to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please ca	all:	
Yainara Lop	ez		786 282-564	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	□ \$30.00 Fiting 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)
Re Div P.C	iling Addres gistration S vision of C D. Box 632 Hahassee, I	Section orporations 7	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Com (A Florida Limite	pany a <u>s it now appears on our re</u> d Liability Company)	cords.)
he Articles of Organization for this Limited lorida document number L22000065125	Liability Compa	ny were filed on <u>02/07/2022</u>	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the <u>limited li</u>	ability company here:	
he Mixer Desserts LLC			
he new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designation "	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)		~2
			,
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
		<del></del>	<del></del>
. If amending the registered agent and/or	registered offic	e address on our records, er	 iter the <u>name of the new regis</u> t
gent and/or the new registered office addr	~	, <del>_</del>	
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ac	ldress
	<u> </u>		, Florida
		City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

The Mixer Bakery & Cafe 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.

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			Change
	·		
			Remove
			□Change
<del></del>			□Add
			□Remove
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	<del></del>		□Add
			□ Remove
			Change

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ective date, if other than the date of filing:    (optional)	N/A			
ective date, if other than the date of filing:    (optional)				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Septmeber 1st  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member				
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