L2200178077

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(11/10/2022

COVER LETTER

TO:

TO: Registration Division of C	Section Corporations		
	gnet Spot LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Gabrielle Parkham		
		Name of Person	
	The Beignet Spot LLC		
	<u> </u>	Firm/Company	
	3400 Old Bainbridge Rd,	Apt 601	
		Address	
	Tallahassee, Florida, 3230	3	
	-	City/State and Zip Code	
	thebeignetspot@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information	n concerning this matter, please c	all:	
Gabrielle Parkham		850 345-7438	
Nam	e of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check fo	r 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 Add		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6	•	The Centre of T	
	e, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEIGNET SPOT LLC

2022:01/10 1/11/1:27

(A Florida Limited Li	v as it now appears on our re- ability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number 1.22000178077	vere filed on May 1, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties.	and I am familiar with and

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
AMBR	Gabrielle Parkham	3400 Old Bainbridge Rd, Apt 601	□Add
		Tallahassee, Florida	-
		32303	Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (optional) If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 it. Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 rd is filed. Dated IHD JAMA Nignature of a thember of authorized representative of a member	_	
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	Dated _	Holm Parch
		Gabrielle A. Parkham

Filing Fee: \$25.00