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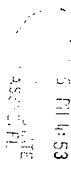
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: Lots	of Love Cal	kes and Pies 11	C
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Janete Bo	Name of Person	· <del>···········</del>
	Lots of love	Collect and Pics Firm/Company	llc
	11714 Hats	s Road	54.3
	<b>\</b>	Address	
	Jacksorille D	doings 32218	÷,
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	ration)
For further information co	ncerning this matter, please ca	all:	53 Fl. 53
Jamette Bo	155m	at (904) 703 - 1	8698 Telephone Number
Enclosed is a check for the	e 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		Street Address:	ion
Registration Se Division of Co		Registration Sect Division of Corp.	
P.O. Box 6327		The Centre of Ta	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lots of Love cakes and Pies 1/c
(Name of the Limited Liability Company as it now appears on our records.)

(TT INTEL ZIMICO DIA			
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned	
Florida document number L22 DOD 19D 320			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
Lots of Love Cakes and Pies by the	eslices 11c		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
-		\$6.0	
Enter new mailing address, if applicable:	. <u>.</u>		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
_	in the second second		
	,,* ,*:	· <u>Ti</u>	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter thein</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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

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tive date, if other than the date of filing:	of filing or more than 90 days after filing.)	Pursuant to 605 02
If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records	atutory filing requirements, this date	will not be listed
· · · · · · · · · · · · · · · · · · ·		
ord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after th
filed.		
August 1 2024		