22000214504

(Re	questor's Name)	
(Ad	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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IVISION COLORIDAS TALLAHAS SEEL FLORIDA

2022 JUN 17 PH 4: 07

A. BUTLER JUN 17 2022 2022 JUN 17 PH 4: 22 SECRETANY OF STATE

COVER LETTER

·TO: Registration So Division of Cor			
SUBJECT:	-tope All Mane of Lin	Le Cake'S (LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Hope	FDO+MOO Name of Person	<u></u>
	Hope All My	The Company	icc
	560 Cont	val kd Address	<u>.</u>
	- Midway,	Fla. 32343 City/State and Zip Code	
	De 1975 Con E-mail address: (to be used for future armual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Hope For	Person	at (<u>850</u>) 3 39 - Area Code Daytime	509 Telephone Number
Enclosed is a check for th	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:
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

FILED

Hope All Make	Cake's	2022 JUN 17 PM 4:22
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears o Limited Liability Company)	TALLAHOS STATE
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number <u>L220002145</u>	<u>U</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
N. D. C. L. C.	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

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	Hope Footman	560 Central Rd Midway Fl	<u>(A.</u> DAdd 2343
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
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			Change
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(If an effe Note:	re date, if other than the date of filing:
ne record ord is file	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 d.
Dated_	May 31,
	Signature of a member or authorized representative of a member
	Hore Fromman

Filing Fee: \$25.00