# L22000301983

(Re	equestor's Name)	
(1.0	,questoi s marile)	
(Ad	idress)	<del></del>
(,,_		
(Åd	idress)	
·	·	
(Cit	ty/State/Zip/Phone	e #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



900391985949

08/08/22--01011--083 \*\*30.00

TAND AND -B AM 9: 06

~ 8ano po

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOLO BAKES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren Woods Name of Person
Firm/Company
1134 Goldenrod Road, Unit A
Wellinston FL. 33414  City State and Zip Code  Olyce 9369 @ gmail. Cvon  J-mail address: (to be used for future annual report notification)
J-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Lauren Woods at (561) 214-1258  Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy Galditional copy is enclosed)  S60.00 Filing Fee. Certified Copy Galditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATIONS ECRETARY OF

LoLu Bake	25, LLC	on our records.)	O TONE
( <u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	<del>- 7 05 r</del>
The Articles of Organization for this Limited Liab Florida document number <u></u>		1/6/22	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the LoLo Baked. The new name must be distinguishable and contain the work			previation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our rec <u>here</u> :	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		Florida	Zíp Code
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
<del></del>			□Add
		<u> </u>	□Remove
			□ Change
			□Add
			□Remove
			Change

*	The	name	was	Mist	sped	DO	the	Olac	<u> </u>
app	licat	jon	The	mista letter	``\ < ^	· · ·	Bak	<u> </u>	- h
be	<u>a</u> .	letter	, ', 'D	" in	<del>D</del> a	ke	1		<u>, , , , , , , , , , , , , , , , , , , </u>
		101101		1 1 1		<u> </u>	<u> </u>	_	
		· -			<u>.                                      </u>				
								,	
					_			285	_ <u>-:-</u> ∷Ω
							-	2022 AUG	
								<del>- 8</del>	<u> </u>
						<del></del>		- <del> </del>	<u>25</u>
								<u> </u>	요 (관년
	<del>_</del>		<u> </u>					97	, Gi
							_		
						_	· · · · · ·		
		-							—
ffective date,	if other th	nan the date o	of filing:				(optional	•	
an effective date	is listed, the	date must be spe-	citic and cannot b	pe prior to date of t applicable statu	illing or more	than 901 de	ve after filin	a A Diem come t	o 605.0
ocument's effe	ctive date o	on the Departme	ent of State's re	ecords.	tory name to	quiremei	us, uns dat	Z WIII HOE DE	: HSted
record specitio	e a dalaysa	o Martina data	la a constant						
is filed.	s a uciayed	enective date.	but not an effec	ctive time, at 12:	:01 a.m. on i	the earlie	of: (b) T	he 90th day	after t
+	. –								
ated Ju	Lly 3	<u> </u>	<u>, 20</u>	<u>132</u> .					
<t< td=""><td>(a</td><td>ve.</td><td>11 Jan</td><td>1</td><td></td><td></td><td></td><td></td><td></td></t<>	(a	ve.	11 Jan	1					
_ <u>~</u>	_ 1	Sinoutu	re of a member .	or authorized repre	econtation of				_