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## **COVER LETTER**

LITTLE FLUFFY CAKES LLC SUBJECT: 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 VELEZ Name of Person LITTLE FLUFFY CAKES LLC Firm/Company 14571 SW 156TH AVE Address MIAMI, FL 33196 City/State and Zip Code littlefluffycakes1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAUREN VELEZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S60.00 Filing F ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE FLUFFY CAKES LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on July 28, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "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)	
	SEC TAC
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	SET 8
New Registered Office Address:	Enter Florida street address
	Chier r (ortua street address

## 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.

City

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
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