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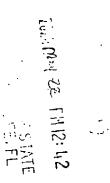
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# **COVER LETTER**

TO: Registration Division of C	Section Corporations				
SUBJECT:	Sugar mo	MWQ ited Liability Com	Bakery	LLC	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following	:		
	Amand	a Pan	1PillO erson		
		Firm/Com	pany		
	15795 SW	14154 Addres			
	Miami, FL	3319 City/State and 2	6 Zip Code		
	Amanda Pam Fill address: (t	o be used for futu	aol. Com re annual report noti	) fication)	
For further information	n concerning this matter, please ca	ıll:			
Amanda	Pampillo e of Person	at ( <u><b>30</b></u> Area (		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 Fil Certified (additional		\$60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y

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 ORGANIZATION OF

Sugar Momma P Name of the Limited Liability Compai (A Florida Limited L	hakery LLC  ny as it now appears on our records.)  iability (Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 230000 1042</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  Shuga momma Baka The new name must be distinguishable and contain the words "Limited Liabil."	
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)	15795 SW 141st Street miami, FL 33196
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	4,0
	Enter Florida street address
	City Tr. Zip Oode

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
YP_	Antonio Torres	15795 Sw 141st Street	— <b>X</b> IAdd
		miami, FL 33196	□Remove
			Change
P	Amanda Torres	15795 SW 1411+ Steet	□Add
		miami, FL 33196	□ Remove
			XChange
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	lelayed effective date, but	not an effective time,	at 12:01 a.m. on the 6	earlier of: (b) The 90t	h day after the
record specifies a d d is filed.	•				
record specifies a d d is filed. vated <u>JUL</u>	19	<u>, 2024</u>			
d is filed.	19 At N7:	708 of a member or authorize			